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A JOURNAL FOR NURSES

DECEMBER 1942



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Just a dab under each arm will banish the ugly, embarrassing odor of stale perspiration for many hours. Daintily effective for other sweat gland areas.

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Ed
R.N

IN *this* ISSUE

December 1942

Vol. 6, No. 3

Debits and credits.....	2
Memo from the editor.....	13
Women who nurse: Albertine Brij, R.N.....	14
<i>Jean DeWitt</i>	
Sinusitis	18
California's war babies	20
<i>Elsa Gidlow</i>	
Meat rationing	22
<i>Carolyn Valentine, B.S.</i>	
Blackout!.....	24
<i>Roxann</i>	
How to save supplies!.....	26
<i>Betty Hansen, R.N.</i>	
Opinion of the month: The road back	29
<i>E. G. Richards, R.N.</i>	
"Ask Miss Torrop".....	30
<i>Hilda Torrop, R.N.</i>	
But Mary heeds the sigh (Poem)	31
<i>Fern Mary Munsell, R.N.</i>	
Probie.....	32
<i>Jo Brown</i>	
Heparin: Anticoagulant.....	33
<i>Allen Klein, PHAR.D.</i>	
"No greater glory".....	35
Science in the news	36
Positions available	71

*On the cover: Albertine Brij, R.N.
Photograph by John Graham*

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A JOURNAL **RN** FOR NURSES

Debts AND CREDITS

ARMY WIVES

Dear Editor:

If ever graduate nurses needed a national registration, we need it during the present emergency.

Overnight I found myself to be a soldier's wife instead of a civilian's wife. Fortunately, for me, my husband was stationed in Texas, the State in which I trained. I had no trouble securing a position and am at present doing general duty. A classmate, however, was not so fortunate. When her husband was sent to another State she naturally went with him and is now working in a P.X. behind a soda fountain!

Nearby civilian hospitals would not employ her for anything except night duty which would give her no time with her husband and she cannot do private duty until she gets reciprocity papers completed. By that time her husband may be transferred to another State. Transfers for soldiers are frequent and unexpected.

Both the Nightingale Pledge and our marriage vows mean a great deal to us. It is certainly not our wish to forsake the profession when we are needed but we feel that we must stay with our husbands until they are sent overseas. It would seem as if national registration would greatly relieve this situation. Would it be such a radical change?

(Mrs.) Gladys Wilson, R.N.
Wichita Falls, Texas

PRIVATE DUTY

Dear Editor:

There has been a great controversy in our hospital over the subject of "luxury nursing" discussed in recent issues of your magazine... If the nursing shortage becomes more critical, someone will have to regulate private duty. Superintendents of hospitals could determine what patients need private-duty nurses and when that service should be terminated. Patients themselves should not be relied upon to make a fair decision, neither should doctors nor head nurses enter into it. Personal feelings might intervene.

Private duty will never go out, but it can go *all out* for freedom as other professions are having to do. We may have to work harder by distribution of our services among two or more patients, but who isn't working harder these days?

Our hospital has not yet felt the need for this kind of distribution, but we cannot see into the future. A superintendent should be given the authority to call a nurse from one case that does not require special care and assign her to one that does.

Marguerite Haynes, R.N.
Chicago, Ill.

S.O.S.

Dear Editor:

Come to the rescue of your married readers. I want to help out in the national emergency, but it is impossible to leave my small son.

Have you any ideas of what a nurse could do at home? Any suggestions will be appreciated. About the only thing I can't do is knit.

Betty Redmond Staff, R.N.
Astoria, N.Y.

RATINGS

Dear Editor:

In "The Men's Viewpoint" [R.N., August] a sergeant from an undisclosed post states: "The Navy recognizes the training that men nurses have had and rates them accordingly." This is a gross error.

I am a registered nurse and have been in the Hospital Corps of the U.S. Navy since March, 1941 and can say truthfully that I have never received professional recognition from either feminine colleagues or medical officers.

I have the rating of Pharmacist's Mate First Class which is a much better rating than I would receive in the Army at the present time. In spite of this fact my contention, and that of many other men now serving in the U.S. Navy, is that we, as registered nurses, are entitled to the same rank in the armed forces as women nurses.

Let's hear from more men nurses on

DEC.—R.N.—1942



The Life Saver that was waiting in Honolulu, Dec. 7, 1941!

● There was one instrument in all the world . . . the only one of its kind . . . that could locate *immediately*, bullets, shrapnel and metal fragments lodged in a human body. It was the Berman Locator.

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this vital subject and may I suggest that we all write to our respective nurses' associations as well as to the A.N.A. seeking their cooperation.

Ivan C. Mandigo, R.N.
Portsmouth, Va.

[Navy rating of men nurses as Pharmacists' Mates, is equivalent to non-com rank in Army. This policy at least places men in medical atmosphere, which was the point R.N.'s author wanted to make. —THE EDITORS.]

Dear Editor:

"The Men's Viewpoint" briefly sums up the things for which men nurses have been fighting.

The communication I have from the Surgeon General of the U.S. Army regarding recognition for male nurses is very discouraging. A favorite reason of that department against granting our request is the low proportion of male nurses. "Less than 2 per cent of the nurses in this country are men..."

John Welch, R.N.
Sonyea, N.Y.

TIRES

Dear Editor:

I wonder if anyone else has written to you about the tire shortage and what we are going to do to get to work when we can't even get retread tires from the rationing board? Even if not many have written about this problem, I'm sure many have thought about it and seriously, too. I believe that we should have some priority, especially when we are on call twenty-four hours a day for any emergency. Of course we can resort to a taxi, but most of us cannot afford to ride a taxi

to work on a general-duty salary. I have just had to turn down three positions, because I wasn't able to make bus connections or drive to work.

There is a need for general duty nurses? Well, couldn't something be done about their transportation problem? What do you think?

Thelma C. Orr, R.N.
Long Beach, Calif.

WHY?

Dear Editor:

As you can see, I'm in the Army now, and love it. Although I'm just beginning, I can already foresee many exciting adventures.

Why aren't more R.N.'s interested? We'd enjoy having them and I'm sure they'd like the life.

Mary Riegel, R.N.
Camp McCoy, Wis.

LETTERS FROM HOME

Dear Editor:

The mothers of the boys in the Philippines are very grateful for what the nurses there did for our sons and we regret that all nurses were not evacuated.

I do not think that Miss MacDonald, however, should make the statement that she would "gladly strangle" the women-folk of the boys who did not receive letters. [R.N., August.] I sent an airmail letter to my son on December 8th and continued to write him until March 18th when conditions were so bad, I gave up. The first one I wrote came back marked "mail service discontinued," and all the others were returned similarly marked... I felt as if our boys were deserted... We did all we could to reach our sons and are

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After the demonstration, the school doctor and 32 nurses present went on record as saying that every child should be cleaned from head to foot at least once a week with Fitch's Dandruff Remover Shampoo.

Yes—even through a magnifying glass no dandruff or germs could be found on her scalp because there were none there. This one shampoo had dissolved all the dandruff and the plain water rinse had carried the dandruff, dirt and germs away.

Fitch's Dandruff Remover Shampoo is especially valuable to busy nurses exposed to the drying effects of ether, because it RECONDITIONS as it cleanses. TRY IT TODAY!

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THE TRUTH ABOUT SOAP SHAMPOOS



Soap Shampoo

1. This photograph shows germs and dandruff scattered, but not removed by ordinary soap shampoo.



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2. Germs, dandruff and other foreign matter completely destroyed and removed by Fitch Shampoo.



Soap Shampoo

3. Hair shampooed with ordinary soap, rinsed twice. Note dandruff and curd deposit left by soap to mar natural luster of hair.



Fitch Shampoo

4. Fitch Shampoo and hair rinsed twice. Note Fitch Shampoo removes all dandruff, undissolved deposit, and brings out the natural luster of hair.

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still desperately worried about them as we have had no news.

Ida G. Hinkley, R.N.
Middleport, N.Y.

[Perhaps R.N.'s reporter over-stressed Miss MacDonald's comment. Facts are, however, that when the mails were getting through some of the boys did not receive letters from their women-folk. No blow was intended for those who keep writing even though delivery is impossible or at best uncertain.—THE EDITORS.]

BOUQUETS

Dear Editor:

I never miss a page of R.N. and enjoy your "Debits and Credits" department especially. The reports of what nurses are accomplishing in the war zones are particularly interesting.

Since May I have been trying to get into the First Reserve but defective vision, unfortunately, is keeping me from active duty. Of course there is much to be done at home, so I must be satisfied to do my share here.

Congratulations on the fine work you are doing.

Dorothy Lopnow, R.N.
Los Angeles, Calif.

SIGNATURE

Dear Editor:

In the April issue of R.N. Miss Torrop advises a newcomer to the ranks of the Army Nurse Corps to sign her name: Mary Jones, R.N., 2nd Lieut., A.N.C.

This is incorrect. The nurse is an officer in the Army of the United States and should omit the R.N.

R.N., Army Nurse Corps
Somewhere in India

[The Army Nurse Corps substantiates this correction. A Second Lieutenant, A.N.C., signs her name: "Mary Jones, 2nd Lt., A.N.C.;" a First Lieutenant, A.N.C., signs her name: "Mary Jones, 1st Lt., A.N.C." or "Mary Jones, 1st Lt., A.N.C., Chief Nurse."—THE EDITORS.]

S.O.S.

Dear Editor:

I recently tried to enlist in the Army Nurse Corps and was turned down, without a physical examination, for overweight.

Why can't overly plump nurses be al-



"I've just heard from my draft board"

"They tell me I'm in the Army now. I've passed my physical exam and all the rest of it, and I'm certified to do one of the most important jobs in the world—helping to give strength to America's fighting troops. . . ."

The lady has a right to be proud. For today, all over the United States, fresh milk is being served in Army camps as a basic part of the conditioning diet.

The rich and regular appearance of milk and milk products on U. S. Army mess tables is one of the reasons why the boys in the camps grow healthier month by month.

National Dairy is using its far-flung facilities for production, processing and distribution to speed milk and milk products in great volume to Army posts in many areas in this country.

And to the men in service overseas, National Dairy is shipping millions of pounds of an

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1. Wash skin thoroughly in warm water and the creamy, snow-white lather of Sayman Vegetable Wonder Soap, massaging briskly. Rinse well with water and pat dry.



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3. Do this twice each week or oftener, to keep skin thoroughly clean—an important requirement in the control of blackheads and other externally-caused skin blemishes.



Perhaps **YOU** Know the Answer

Practicing physicians and hospitals are clamoring for nurses in every classification. Perhaps you know some of the "old timers" who are not now

on the "active" list. Patriotic duty beckons and opportunity calls as well. . . positions, attractive in pay and prestige await any nurse who can qualify. Tell every inactive nurse about this bureau or . . . tell us about them . . . either way you'll perform a service of incalculable value.

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lowed to serve their country as well as their slimmer sisters? If we are permitted to become qualified registered nurses and are able to obtain and hold various positions in hospitals, then we should also be allowed to enlist in the armed services.

Why not campaign for us, the overweight, forgotten nurses? And let's hear from other nurses on this subject.

Ida Wollner, R.N.
North Bergen, N.J.

HATS OFF

Dear Editor:

I recently injured my back trying to lift a stretcher patient down some steps and have already entered my fifth week in the hospital.

Being a patient has certainly opened my eyes to hospital conditions and taught me respect for our many volunteer workers, Red Cross nurses' aides, gray ladies, etc. I certainly can't see any reason for all the fuss about the possibility of aides taking registered nurses' places. The majority of aides are either married or otherwise employed, many of them in defense work. They cheerfully and willingly volunteer several hours a day to help relieve conditions in hospitals and I have yet to see one show any signs of impatience even though she may have done a full day's work before coming on duty. How many of us would be willing to go out and work in a defense plant or sit at a typewriter after having nursed for eight hours?

Hats off to the volunteers!

Hellen Morrison, R.N.
Philadelphia, Pa.

• In "Debits and Credits" R.N. will continue to present *impartially* a cross-section of reader-opinion. Because mail to this department is unusually heavy, we cannot publish every letter we receive but must select those that are most interesting, provocative, or representative of group opinion. We are glad to withhold the name, *not* the locale of the writer, but we cannot publish letters we receive anonymously. Views expressed are those of contributors, not of the magazine.—THE EDITORS.

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*and the stress of
daily living*



***A bid for closer patient cooperation
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*J.A.M.A., 93:1110—October 12, 1929

Brückner, H. — *Die Biochemie des Tabaks*, 1936
The Military Surgeon, Vol. 89, No. 1, p. 5, July, 1941

“THE CIGARETTE, THE SOLDIER, AND THE PHYSICIAN,” *The Military Surgeon*, July, 1941. Reprint available. Write Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York City.



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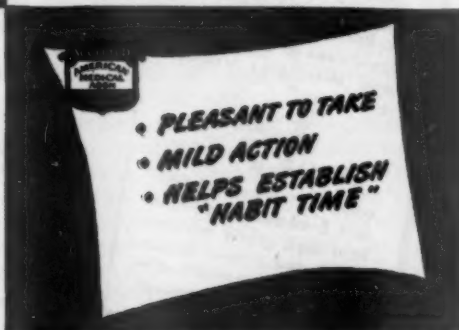
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†LEPORE, M. J., and GOLDEN, R.: A Syndrome Due to Deficiency of the Vitamin B Complex, J.A.M.A. 117:918-923 (Sept. 13) 1941.

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Memo from the Editor



● "Those who fall in battle die for a cause. Those struck down by accidents die in vain. It is the duty of every American to conserve manpower for victory..."

That was the National Safety Council, late last month, reporting these staggering figures: Since December 7, 1941 there have been 44,500 deaths of industrial workers due to industrial accidents as against 5,694 deaths in the armed forces for the same period. Industrial accidents also ran up a total of 3,800,000 wounded—to compare with 3,435 in the war.

Not all of these accidental deaths in industry, of course, could have been avoided by safety instruction or by more careful assignment of healthy workers to jobs which they were capable of handling safely. But there is no question that some might have been.

It has been the experience of industry that the industrial hospital serves as the center through which workers prolong and improve their physical efficiency on the job, and sustain their sense of physical well-being off the job. What a challenge for the thousands of women now in industrial nursing! Certainly now, if never before, industry must admit the value of the professionally prepared R.N. Her new role is not merely to treat injuries but to cut down accident rates by seeing to it that no worker works beyond the stage in which he is safe to himself and to his associates.

Last month the directors of the American Industrial Nurses' Association met in New York to lay plans for their first annual conference in the spring. Despite the difficulties of travel, despite the time to be consumed away from their jobs by such a conference, these women have the courage to look ahead. They recognize it

is part of their responsibility as pioneers in this branch of nursing to make personal sacrifices so that the best thinking of their group may be applied to "conserving manpower for victory."

We offer these suggestions for whatever they may be worth:

1. That the program be developed from the specific problems encountered in wartime and the nursing methods devised to solve them.

2. That in the interests of economy no expensive big-name speakers be asked to attend; that ample time be scheduled for floor discussions by individual members.

3. That the group as a whole consider ways to become more active with management and safety organizations in sustaining employees' health.



GOOD NEWS!

● The Army has agreed to enroll married nurses for active duty, but they may not be assigned to the same Posts as their husbands, should the latter also be in the service. This change in regulations does not affect membership in the Navy Nurse Corps which still enrolls only women who are single, widowed, or divorced... There is likely soon to be a reorganization of the nursing service of the American Red Cross—a War Reserve for the duration, made up only of those who *can* and *will* serve... Best of all, a bill providing for base pay increase to \$150 a month for nurses with rank of second lieutenant and appropriate increases to make nurses' pay equal to that of officers with equal rank, is (at this writing) before the House. Chances are good that both House and Senate will approve this increase by January first. Merry Christmas!—D. S.



Queen Wilhelmina, herself, paid tribute to this brave nurse.

women who nurse:

Albertine A. Brij

• Even the ill wind of war occasionally blows good. Already, it has swept into the limelight many worthy but hitherto unsung persons. One of these is a Dutch nurse, Albertine Brij,* whose courage and resourcefulness under fire have upheld the tenets of the nursing profession and thus strengthened them.

Like most nurses, Miss Brij takes personal publicity in her stride, as she might an especially interesting and challenging case. She has twice been guest of honor on nationwide radio hook-ups, has had front-page news space in the largest metropolitan papers, and was the subject of a full-length feature article in *The New Yorker* of October 24th. About the latter, Albertine has mingled emotions.

"It was a good article, but oh, the terrible English they had me speak!"

*Pronounced "Bry"

Actually, her English is amazingly good—putting to shame the average American's grasp of a foreign language. Her voice is light and soft, immaculate as a Dutch kitchen. Now and again she lapses into present tense dialogue, but there is practically no continental inflection and her vocabulary is excellent.

Albertine is twenty-eight and looks younger. She is small and pretty, with ash-blond hair and hazel eyes. When she says, "I have a very Dutch face," you agree, remembering from childhood the lovely illustrations in "Hans Brinker and the Silver Skates" and a portrait of a little Dutch princess in a lace cap and tulip-yellow dress.

Stories like hers keep the Cinderella legend perennially alive. The little girl, growing up in Vlaardingen, a small town some five miles from Rotterdam, did not dream that within

twenty years she would receive her country's Cross of Merit for bravery nor shake hands with her queen, Wilhelmina of the Netherlands. That both these momentous events would take place in an alien land would have seemed even more incomprehensible.

The austere disciplinarian, rather than the humane Florence Nightingale, dominated nursing in Holland seven years ago when Albertine, graduate of a three-year college course for teachers, decided that she would train to be a nurse. In spite of considerable parental objection, she stuck to her ambition and enrolled in a small but excellent training school attached to a 200-bed hospital in the city of Gouda. Dutch nursing schools were strict and thorough; girls entered them with a feeling of sacrifice and the will to serve rather than with the prospect of a brilliant career.

"You should see how I looked in my student days," a very chic Miss Brij chuckled. "Prim blue cotton uniform and long white apron. My cap—black velvet with white cotton bow tied under the chin."

Neat as Quakers and twice as demure, students lined up daily for lessons in "etiquette" from their stern director of nurses, filed to clinical lectures conducted by the hospital's medical staff, and switched from theory to practice on the wards.

Standards were comparable to leading schools in America, Miss Brij conjectured, with perhaps less emphasis on laboratory work and more on the clinical aspects of disease. At the end of the three-year training period a certificate was awarded, and additional recognition was given for each succeeding year of specialization. For example, a full year of obstetrical training following her graduation certified

Albertine as a maternity nurse, and to her graduate nurse's pin was added in relief the gold image of a stork. (See cover picture.) No more than one special course could be undertaken in a single year.

In pre-war Holland nurses were paid minutely—while in training, but their salaries on graduation were lower than ours. Nor were there as many career opportunities for an ambitious nurse.

Because the urge to sail before the mast is latent in most good Hollanders, the job of ship's nurse was highly coveted. During a brief interval as surgical nurse in the 1,000-bed Coolsingel Hospital in Rotterdam Albertine had her eyes fixed on the sea.

"In the Summer of 1939 I got my chance and sailed as ship's nurse aboard the Nieuw Amsterdam," she said.

The nurse's job on this great Dutch liner, which formerly plied between Rotterdam and New York, was no sinecure. It encompassed the supervision of a four-ward hospital, the giving of first aid and bedside care, plus assisting at occasional but dramatic emergency operations at sea. But whatever drama was encountered on the Nieuw Amsterdam in peacetime paled before Albertine's adventures on the Penn-



A bright young ensign named Nancy Nee
Set sail to nurse our men of the sea.

land, another Dutch ship, in war.

The New Yorker graphically describes her experiences along the perilous and disputed African coast, prefacing it with her transfer from the deluxe ocean liner to the converted troopship, Pennland.

"The Nieuw Amsterdam was off Venezuela. . . the following May, when the radio carried the news of the German invasion of Holland. The captain instantly called a halt to the cruise and set sail for New York, where the ship was laid up again. Miss Brij waited a month in New York and then [in June 1940] volunteered to ship as a nurse on the Pennland, a Dutch vessel which was to go to England and pick up British women and children who were to be evacuated to America. When the Pennland got to England the Dutch and British authorities decided not to use the ship for evacuees, after all, but to convert her into a troopship. Miss Brij was asked to stay aboard and minister to the Dutch captain and crew. . ."

It was from the decks of the Pennland, loaded with Free French troops, that she watched de Gaulle's tragic and abortive attempt to seize Dakar. Within the next nine months the vessel had shifted negro troops on the west coast



of Africa from the Gold Coast to Freetown, carried German and Italian internees from French and British African colonies to the British West Indies, transported Canadian troops and nurses to England, and once again encircled the African coastline to unload British soldiers and nurses at Suez.

For a nurse like Albertine Brij, who enjoys variety and even the scent of danger, these were absorbing months. In spite of the varied human cargo—



varied in color, creed, nationality, and political ideology—in spite of lurking submarines, her routine stayed much the same.

Called each morning at seven-thirty by the hospital attendant, she breakfasted alone in the officers' mess.

"Always we had good food because my people, you know, like to eat. All the time I hate eating alone. But Dutch officers are very polite. They think it courteous to leave me by myself."

Miss Brij's headquarters were in the ship's pharmacy which pinch-hit as an O.R. for an emergency appendectomy in the Red Sea, and a delivery room in the Caribbean. Because the appendicitis patient was a British soldier, the operation was performed by a British Army doctor (instead of by the ship's surgeon) with Albertine assisting. It was a blistering day and sweat streamed down their faces and arms as they handled their makeshift equipment and rather obsolete instruments.

"And the lighting, it was terrible! We were dizzy from eye-strain before it was over. It was a clean case, but the boy had a heat stroke. From all over the ship I collected fans to cool him."

"Those soldiers, they're tough," Miss Brij added. "He was all healthy in eighteen days."

Heinz, an eight-pound baby, was born to the wife of a German internee a few days from Jamaica.

"Somehow one does not expect a baby on a troopship," Albertine said. "But it was very nice."

Balancing the unexpected arrival of Heinz was the almost simultaneous death of an Italian internee, suffering from perforating ulcers. He was buried at midnight, his body draped in the flag of the Netherlands. Had he not been an enemy, the Italian flag would have been used.

To the crew, a more tragic death was that of a young sailor, Jan, who fell from the upper deck to the hatch below. The Pennland lay at anchor in Suez at the time, so he was buried ashore after an impressive service attended by officers and crew.

During the thick of the Greek campaign in the Spring of 1941, the Pennland was ferrying Australian troops from Alexandria to Piraeus and evacuating civilians and soldiers from Greece. Bombings were frequent and the crew became hardened to the frequent tolling of the alarm gong which signified an air attack.

On the twenty-fifth of April, Junkers bombed the ship, once in the afternoon crippling her somewhat, and fatally at six o'clock that night. In the pharmacy, her battle-station, Albertine heard the explosion and felt the ship tremble under the impact of the bomb. Until thick smoke began to seep through the corridors, she remained at her post alone and then ran up on deck. There she gave first aid to the injured and supervised their being lifted into lifeboats.

"The men were too excited to worry about me," she said. "Soon all the boats are lowered and I am still on deck. Finally the captain makes them raise the ship's motor launch for me. I am very grateful. While we are in the launch we see the Pennland go down. It is very sad to remember."

"Sans Origin" her destination.
She was ready to serve her nation.

Picked up by a destroyer, this intrepid nurse worked all night in the ship's hospital, helping the doctors care for the wounded. The next morning she was landed in Crete where she remained for three days under constant bombardment, nursing in hastily improvised hospitals. One night she spent in a tent, another in the open under a tree.

At the end of the third day, Miss Brij sought out the captain of the Pennland who told her that a freighter, the *Lisa*, was sailing that night to Egypt. Supposedly no women were allowed to go along. But, turning on the full battery of what *The New Yorker* described as "her most sweetest smile," Albertine was taken to Alexandria.

"Torpedo boats and submarines attack us on the way, but we are lucky. I am especially lucky. The captain of the *Lisa* gave up his cabin to me and a Dutch stewardess who was also on the Pennland. I even eat well. Most people get rations of biscuit and sausage, but the captain tells me quietly to come to officers' mess."

Albertine's luck, bolstered by a fighting spirit, held during many weeks of being jockeyed from port to port until, finally, she reached New York. Here she works for the Netherlands Bureau

[Continued on page 50]

2.



SINUSITIS

● In wartime, sinusitis becomes more than ever a severe handicap to military personnel and civilians as well. The pain, fatigue, and low-energy level induced by this condition can hamper seriously the average sufferer's productive capacity and certainly reduce his general enthusiasm for his work and social life.

At times the infected sinuses are difficult to discover because the infection must be severe to be recognized easily. History of frequent colds, with the presence of pus in the nose aids diagnosis. Inflammation of the nasal and pharyngeal mucosa when there is no history of excessive tobacco smoking and drinking may also be an indication. Also, the chronic cough, morning nausea, and other symptoms of chronic sinusitis may be mistaken for the symptoms of allergy to nicotine or tobacco smoke. Thus, the difficulty of recognizing symptoms may complicate diagnosis.

Sinusitis is most frequently found in cold, damp climates—such as northern seacoast areas. One of the complicating factors in treatment is the fact that many common sufferers do not go to a physician until the condition becomes so painful they must seek relief.

Acute sinusitis, of which the streptococcus staphylococcus, and pneumococcus are most common etiological agents, may develop from acute rhinitis, scarlet fever, influenza, or pneumonia. Excess swimming and diving may also be causative factors. Cases have been reported after damage to the antral floor by extraction or by forcing of teeth or fragments into the antrum during at-

tempted removal. The teeth most commonly causing this condition are the bicusps and molars. The exodontist or oral surgeon has a difficult problem in these complicated cases and despite the greatest care cannot always avoid complications.

Characteristic headache during a severe cold is a usual (but not inevitable) complaint, together with nasal obstruction on the side of the lesion. Intensity of pain or headache is in proportion to the swelling of mucous membrane or amount of retention of pus or gas in the sinuses. Pressure over the infected frontal or maxillary sinus may disclose tenderness. Examination reveals pus in the middle meatus unless there is a complete blocking of the ostium. Transillumination and X-ray are also of value.

Treatment.—Most cases that had normal sinuses before the attack will recover with medical treatment; some recover without any treatment. Relief of pain is paramount because it may be most severe. Cold compresses over the antrum or frontal sinus may help. Acetyl salicylic acid may be of value although some severe cases may require codeine or even morphine. Short wave diathermy seems to give quick relief in acute cases but it may be immediately followed by increased pain until the pus is released from the sinus. It may be given daily until the condition shows marked improvement. Use of X-ray has not been generally successful.

The patient should be kept indoors and if fever is present confined to bed. In any case, there should be as much rest as possible even if sedatives are



necessary. A warm room is best, even at night. Temperature of the room should be 70° F. during the day and 60° F. at night. Humidity control is also important and should be between thirty and forty-five per cent. It may be secured by steam formed from a teapot in a corner of the room away from the patient. The patient may also secure some relief by inhaling medicated steam for five or ten minutes every two hours.

A bland, simple diet, 3,000 cc. of fluid daily, and a laxative will sometimes tend to lessen congestion. Ephedrine in normal saline solution or neosynephrin hydrochloride nose drops may aid drainage. Many rhinologists shrink the nose with cocaine solution. Use of irritating solutions and oily drops should be avoided.

When fever, if present, and leucocytosis subside, free drainage of the sinus should be encouraged in order to prevent possible chronic sinusitis. When the maxillary sinus is involved irrigation through the natural ostium or inferior meatus may be used. The frontal sinus will usually clear itself by gravity. Improper use of instruments may cause injury and return of the condition. The sphenoid sinus is very difficult to reach and only the most experienced rhinologist can expertly reach it after shrinkage. When the antrum or ethmoids need drainage it is possible to shrink the mucosa by lying down for fifteen or twenty minutes with the involved sinuses uppermost. Some rhinologists use suction with irrigation after the most acute phase. Many acute sinusitides respond to sulfonamides.

Chronic sinusitis.—Many of these cases can be prevented by not neglecting severe colds. Vitamin therapy should also be considered when either the acute or chronic condition exists.

Symptoms of this condition vary

widely. Repeated attacks of the acute stage or an unresolved acute condition will cause thickening and polypoid changes in the sinus and nasal mucosa. Headache and nasal discharge— anterior and postnatal—are commonly present coupled with chronic pharyngitis and laryngitis. Most cases of chronic sinusitis are painless, however. Upon examination the turbinates may be enlarged, the mucosa may show redness, areas of hyperplastic mucous membrane may appear; pus may be exuding from the involved sinus and coating the nares and posterior pharynx. Nasal polyps may be seen in many cases. Complete diagnosis is aided by sinus irrigations, transillumination, and X-ray. Lues should be excluded in the differential diagnosis and treatment for syphilis may bring marked regression or cure of the pathological condition.

Treatment.—When the condition is of long standing, conservative treatment is usually recommended for some weeks before surgery is considered. The general health state of the patient must be improved as he is usually run down and in need of improved hygiene. The diet should contain large amounts of vitamins, especially A, C, and D. If possible a change to a dry climate is suggested although proper air-conditioning may help. The secretions of the

[Continued on page 52]

3.



With life-belt girded, she was ready,
Nurses like Nee have nerves quite steady.

By Elsa Gidlow



Victor Kayfetz

CALIFORNIA'S WAR BABIES

• There are more married women employed in industry today than ever before in the history of the country. And more infants and children needing day-time care outside the home than ever before!

Wherever there are large defense industries employing women a new crop of ultra-modern day nurseries are springing up. In Northern California, especially, these nurseries are offering expert health supervision to thousands of children of all ages, most of them children of war-working mothers and fathers. This health supervision is largely in the hands of registered nurses

A good example is the nursery school project at Marin City (a federally-sponsored, brand new community associated with the new Marinship shipyards at Sausalito in Marin County across the Golden Gate from San Francisco). Those responsible for the Marin City nursery day-care program believe they have developed something fairly close to perfection. The Marin City project may serve as a model for other nursery school projects associated with war industries as President Roosevelt's

prediction that as many women as men will enter industry is realized.

Apart from private day nursery schools charging fairly high rates, practically all available nursery schools in the past have been for children of low-income groups. In Northern California, these have been supervised by the Community Chest, or sponsored by WPA. During the past year the picture has radically changed. Now, the great demand is, not for care and supervision of children from sub-standard homes, but for the youngsters of parents who are working long hours in war industries. This is true the country over. It is particularly true in Northern California which has a great concentration of shipbuilding plants, most of these in the San Francisco Bay area. As housing projects are developed near the new industries, they will include plans for child-care programs. But the need is so great and relatively sudden that existing agencies are having to expand and adapt their facilities to handle the thousands of children who must be cared for if able-bodied women are to be released for "the battle of production" with carefree minds. Health

protection of the children is a main consideration. With the increasing shortage of doctors serving the civilian population, more responsibility for the health supervision of children in public agencies is bound to fall on registered nurses.

Take San Francisco as an example. Apart from ten or so private day nurseries, this city has nine Community Chest day nurseries, six Works Projects Administration nurseries. Most of them take children aged eighteen months to four and a half years, one has an age range of ten months to six years. One takes children three to nine years, one from two to sixteen years!

In all of Northern California there are forty-three WPA nursery schools for young children, probably a larger number of Chest agencies. In San Francisco (and the same is substantially true for all other cities and towns) it is a Board of Health rule that every child entering a nursery school for the first time must receive a physical examination. Each morning thereafter, every child is inspected carefully for signs of contagious disease, parasitic diseases, skin affections, or anything that might make him a health danger to the group. Temperatures are taken and the child completely inspected in a well-lighted room. This inspection is the duty of a registered nurse. On her falls the responsibility of detecting sickness, or hazards to health and cleanliness, and taking appropriate steps to have them corrected.

In most of the nurseries, the R.N. also conducts the health program throughout the day, supervising food preparation and the child's eating, as well as his toilet habits and his naps. When the pediatrician makes his usual weekly visits, the nurse is present during examinations, to take instructions and

to make reports. On the nurse, in short, falls the responsibility for the health supervision of every child placed by a war-working mother in one of the day-care nurseries.

Not all of the nurseries can afford a complete staff of full-time registered nurses. With nursing skill at a premium, the time of those who are available is conserved as much as possible. Many of the nurseries employ nurses of the Visiting Nurse Association for the number of hours necessary each day to supervise the infants.

These nursery schools are growing, too, not only in number and in size, but in scope. Most of the nurseries now can accommodate the children or infants from early breakfast on through the day and evening to 8:30 P.M. Before long, with more women going on night shifts, the problem of night care will arise, especially as nurseries near the shipyards, now in the process of being established, get under way.

Of the forty-three WPA nursery schools in Northern California, thirty-five are entirely and solely for the children of war-working mothers. Of the remaining eight, 50 per cent of the accommodation is for this class of children, the remainder for children in low-income groups. Ultimately, it is expected that practically all the nursery

[Continued on page 60]

4.



Weather to make a bosun queasy
Left Nancy's stomach resting easy.

some facts about

Meat Rationing

By Carolyn Valentine, B.S.

• What are you and your patients going to eat instead of meat? Will it be fish, soy beans, cheese omelet, baked macaroni, or peanut butter?

Advent of meatless days and meat rationing has made this a question of vital interest to everyone. Many of the answers will come from housewives who use ingenuity coupled with their newer knowledge of nutrition. But, what of the real dietetic approach? Isn't this a fine time to spread information to the people who are now faced with a specific rather than a general problem of nutrition?

The yardstick of the Food and Nutrition Council gives one serving of lean meat, fish, or poultry as the daily need for a well and strong people. They do not give the size of the serving, but they do give exact requirements for protein, iron, thiamin, and niacin which are the chief constituents of meat. The problem then becomes one of substituting foods which contain these four vital elements.

First thought may be poultry because it is in the same nutritional class with meat as it supplies similar nutrients in like amounts. Fish also falls into this class but there is some shortage due to submarine activities which have prevented the fleets from deliver-

ing a full catch. After these two foods are discarded for one reason or another the problem of substitution begins.

Protein is essential to all living tissue and without it we cannot exist. But, there are two classes of this food essential. *Complete proteins* provide all of the ten amino acids labeled essential, and they must be taken as food because the body is not capable of manufacturing them. *Incomplete proteins* are lacking

in one or more of these essential amino acids and must be reinforced by some other food in order to secure the complete number. Meat, poultry, fish, eggs, cheese, and milk are in the complete group. You may use them interchangeably as the "meat element" in your diet, according to

availability and your own personal taste.

Cereal, beans, peas and nuts, however, do not contain all ten of the essential amino acids and must be labeled incomplete proteins. There are two exceptions in this group, namely soybeans and peanuts. That means that peanut butter can be classed with meat, and soybeans in their innumerable forms are also an excellent substitute. Unfortunately, soybeans are not available in very large numbers, although flour and canned whole beans may be



purchased in several stores. Why not try them for a change? When cereals, beans, peas, and nuts are used you can add one of the complete proteins for a dish that will total complete. Cream sauces, egg sauces, and bits of cheese are the easiest way to do this.

We still have eggs, cheese, and milk for first-class substitutes. If you do not like to drink milk then incorporate it in other dishes. Use it in cooking to replace water; make custards, soups, and chowders and it will not be difficult to consume your full recommended quota of one pint a day for adults and one quart for children. The cost of milk, compared to the rich value it provides is really very low. Few foods contain so many of the vital elements of diet that we find in milk; cheese or skim milk are just as valuable. If you use skim milk, or cheese which does not contain butter fat, the loss will be primarily vitamin A. To make up the loss, add another portion of green or yellow vegetables at dinner.

According to the Bureau of Home Economics, nearly one-fourth of the total iron in American family diets comes from lean meat, fish, and poultry. If meat on the diet is lowered, the loss of needed iron must be made up in other ways. Whole grain cereals and breads or enriched flour will provide a fair portion. Green leafy vegetables, peas, beans, eggs, dried fruit, and molasses are also good sources.

The meat vitamins, especially thiamin and niacin, can be secured from whole grains, soybeans, peanuts, beans, and peas. So this vitamin search just develops into a better understanding and a bit more care and thought when the meals are planned.

The Department of Agriculture and the Department of the Interior have announced that our supplies of high protein foods, recommended to supplement

the meat allowance, will be sufficient during the next twelve months to maintain the high health standard of the nation. The Agricultural Marketing Administration says that with the exception of some manufactured dairy products, supplies of the high protein foods will equal or exceed the available supplies of the past twelve months. These dairy goods will be limited for civilian consumption as a result of military and lend-lease commitments.

Egg supplies are good and Secretary Wickard has asked for an increased production of 200 million extra chickens this fall and winter. Beans and peas, the most important legumes, will be far greater than last year despite large numbers being sent to the armed forces. Grain stocks are very large with enough to take care of all demands this year. Canned fish has shown some decrease because of increased military use and exports. Lesser known varieties of fresh water fish will probably be used in a short time and fresh, frozen, and canned types will reach the stores.

During the past decade our per capita consumption of meat ranged from 125 to 160 pounds per year. This is between 2½ and 3 pounds per week per person. Dietetically it is enough for almost anyone. But after checking your food budget you may find that you

[Continued on page 66]

5.



When they moved up to the battle zone,
Twenty wounded she cared for alone.



BLACKOUT!

By ROXANN

• What, you haven't been through a blackout? You don't know what you've missed!

Stories of the last blackout in our town are still coming in, and most of them are good. There was, for instance, the tale of happenings at our Casualty Station. The blackout had been in progress for ten minutes and the station was functioning smoothly and efficiently—except that Dr. Clark was not to be found. Dr. Clark was supposed to be in charge of the station. For the past six weeks he had bedeviled us all with his conception of the military, and he had let us know that His Station was to be a Model of Efficiency and Good Management. Which it was—without him.

Two minutes after the "All clear" sounded, he puffed in. Reading between the lines, we gathered that an air warden had made him get out of his well-lighted jalopy and hoof it to the station, twelve long blocks away—and Dr. Clark hadn't walked more than across a sidewalk in years. And then to discover that we had gotten along marvellously without him. Are *we* in the doghouse!

Then there was the one about Molly

Pritchard. Molly had been instructed to stay home and an "incident" would be phoned to her to solve. She was alone in the big house except for Bizz, an outsize police dog.

When the sirens wailed, Molly turned off all the lights and sat in the dark, not knowing that the bathroom light upstairs was glaring like an airport beacon. Suddenly the dog rose and said "Gr-r-r" in no-foolin' tones.

"Shh-h-h," ordered Molly, tripping over a coffee table and scraping half the skin off one shin.

Bizz said "Gr-r-r" again, and shot through the half-open door and settled down with a nice hunk of air warden between his teeth. Fortunately the air warden was (a) young and susceptible to pretty girls, (b) little the worse for wear. So after a few pointed suggestions concerning Bizz he told Molly to go upstairs and turn off the light, and left. She tied Bizz to the big davenport and started upstairs.

She was halfway up the stairs when the phone began to ring. Heart pounding, she hurried up the rest, doused the light, and started down again. She missed the top step—but not the others.

She pushed aside a few million stars that were blurring her vision and reached for the phone, which was still ringing furiously. A strong, clear voice said, "Miss Pritchard? This is Control Center, calling Incident N20. A woman is in labor at 14 Evans Street, and ..."

"So'm I. Send an ambulance right away," said Molly, passing out peacefully on the davenport. When she woke up, a wet, pink tongue was lapping her face, lights were bright in the street, and the receiver was dangling over the arm of the davenport.

But Molly wasn't the only one who muffed an "incident." Janey Jones, newly graduated and excitable, said she was sitting in the dark waiting for the phone to ring, but she almost jumped out of her skin when it did. (Why does a phone always sound louder in the dark?) Anyway, Janey listened so hard that when she hung up she wasn't at all clear about the Incident although she knew the incident number personally.

"I can't let them know I went all to pieces. I'll just have to hope for the best," Janey thought, beating her brains to remember what the Incident was. Prayerfully she picked up the phone and called headquarters.

"I went to the scene of the incident and applied a tourniquet," she reported. "When bleeding had stopped I put the child's arm in fixed traction and told the mother to bring her to the hospital in the morning for an X-ray."

"You *what*?" said an astonished voice.

Next morning she was asked whether she would solve the problem in the same way. The problem read, "A woman, eight months pregnant, is hemorrhaging. Her husband can't reach a doctor ..."

Of course we nurses didn't pull all the boners. Cathie Wilson, one of the first-aid instructors, was busy helping

to mark up "casualties" with lipstick and lay them out on stretchers at various points in town when she heard the gallop of hoofbeats in the moonlit night. Looking up, she saw a modern edition of Paul Revere, in the person of the local grocer, Mr. Sanford. Cathie's nose told her that Mr. Sanford had evidently met up with a small brown bottle a short time before.

Balancing himself carefully in the saddle, Mr. Sanford peered at Casualties One and Two and their gory markings. "Huh," the horseman jeered, "I know you, Jack Hall, and you, too, Mary Powell. You look pretty silly. Why don't you stop playing Hallowe'en and go home?" With which sage advice, he rode off again into the night.

Then there was Barbara Wells, who is trying to use the war as a stepping stone to meet the Best People and who has joined everything from the Women's Rifle Team to the Ambulance Corps. On the night of the last blackout she had laid down her rifle and taken up her station wagon to use as an ambulance in the cause of defense. She was ordered to pick up a "casualty" near the school grounds, give him first aid, and drive to the hospital "by the quickest route."

She gave him first aid, all right. And if his injuries had been real he would

[Continued on page 66]

6.



Her fine devotion to do or die.
Caused her to nab a Nipponese spy.

HOW TO SAVE SUPPLIES

Are you economy-conscious? Now that the nation is busy saving rubber and other essential supplies, you'll want to do your part in the hospital. Here are some tips.

By Betty Hansen, R.N.

• When — last month — cities, towns, and boroughs rivaled each other in collecting gargantuan piles of scrap, many Americans had the grace to blush. They realized that in spite of the much-touted depression, we were still a profligate nation, wasting even while we wanted. The fact that we had so much to give away shamed our Yankee heritage of good housekeeping. Very slowly, the war and its attendant shortages, are bringing back into good favor a splendid word, *conservation*.

Hospitals both patriotically and of necessity, were among the first to adopt economy measures. From them, and from some of the manufacturers who supply them with priority materials—rubber, dressings, chemicals, fixed equipment, adhesive, linens, drugs—have come suggestions which may help nurses do their share in conserving precious, hard-to-replace supplies.

Many hospitals have found it practical, first of all, to form a committee of nurses to supervise the conservation effort in the nursing department. E. W. Jones, head hospital consultant of WPB, suggests that this be a "standards and nursing procedure committee" made up of the superintendent or assistant superintendent of nurses, a nursing arts instructor, and one or more head nurses from the clinical department. The inclusion of a senior student nurse might also be valuable. This

group could organize the economy program, calling regular conferences of the entire nursing staff to stimulate each individual's interest and participation in the conservation program. Ideas resulting from questionnaires or a suggestion-box could be weighed by the committee and those that were practical adopted by the group.

Nurses can help materially in retarding the deterioration of rubber and being economical with items like adhesive which contains rubber. Never use

two pieces of adhesive when one will suffice, advise the manufacturers of this product, adding that "ready cut" forms are often cheaper and more practical. The nurse who carelessly slices a strip from a spool, without stopping to consider whether a narrower width and a shorter

length would be adequate, is hindering the Government's conservation program, as well as that of her hospital.

Very much in the nurse's province is the care of rubber gloves. Your gracefully curved fingernail may bring you and the glove to grief. Be especially careful when the glove is drawn taut. If gloves are torn, however, they may be patched and used again and again in central surgical supply room as well as O.R. In the delivery room a second pair of rubber gloves should not be required in normal cases. A more radical procedure than the use of mended gloves is the adoption by some hospi-



tals of white cotton gloves for circulating or instrument nurses and other operating room assistants.

Recently, the technical section of the WPB rubber division, reported that rubber substitute sheeting, made of a vinyl resin coated fabric, will soon be on the market. Indications are that this is an excellent product—light, strong, and resistant to alcohol, oil, and grease.

Whether satisfactory substitutes are developed or not, the rubber items already in your hospital should be handled with care. Cleaning rubber immediately after use is essential. If possible, rubber equipment should be turned inside out and washed thoroughly with warm, soapy water or alcohol. Heat and light deteriorate rubber, so store articles away from the light in a temperature of about 50 F. If possible, don't use for several hours after sterilization. Experts warn against kinks in rubber tubing and say to coil it carefully when drying. Remember, too, that adhesive is not a safe marker for rubber items. It has the same oxidizing effect on rubber as has copper.

Because of military requirements, supplies of gauze and ready-made dressings may be somewhat curtailed in civilian hospitals. Cotton balls may be substituted for some usages, such as hypo and skin preparation sets, and cellulose wipes may replace gauze nose and mouth wipes on T.B. service. Small dressings or absorbent sponges often suffice where a large dressing has previously been used, and it will often be found that a ready-made dressing will be more economical than one that is hand-made. In some hospitals nurses are making washable cloth covers for bed rings which were formerly wrapped in gauze bandage, and in others washable muslin straps now replace gauze for ties.

If you have been applying solutions with gauze, you may find that an atomizer is equally effective, but be sure that in order to save one product you do not waste another. Sometimes liquids are diffused over too great an area by an atomizer and there is resultant loss.

Curbing the too prodigal hand, trained in times of plenty, is harder for the nurse than for the 1942 housewife. The latter is conserving for herself and her family as well as for Uncle Sam, while you have the sterner test of character in having to preserve the property of others. It's easy to pour lavishly from a gallon jug, and to cut a wide swath from a bolt of gauze. A good idea, therefore, is to keep supplies in packages as small as practicality permits.

Like rubber, drugs and chemicals are priority items and should be employed sparingly. Alcohol, a precious commodity, may be filtered, used, and re-filtered and finally utilized in the pharmacy for waste purposes. In some instances a weaker solution of ethyl alcohol than the one in current use will be found equally effective. Witch hazel, if procurable, may pinch-hit for rubbing alcohol. In the administration of all medications, remember that it is the affected portion of the patient which should be reached and treated—not re-

7.



True to her "oath" she bandaged his hand
Then turned him in to the high command.

mote areas, the bandage, or the bed!

Time was when it was considered good technique to pour liquid soap from a pitcher. That time may come again, but in the interim why not put a smaller quantity in a basin and dip out with a sponge?

According to her specialty, almost every nurse should be able to devise better ways of avoiding the "willful waste which causes woeful want." For example, it becomes the special job of the suture nurse to see that during operations catgut tubes are not opened unnecessarily. On the wards R.N.'s can make the small substitutions—twine for rubber bands, newspaper for purchased paper bags, bibs for hand towels—which may save more hospital funds a week than you spend in a year. Every nurse and subsidiary worker can help effect the little savings which, totaled, assume impressive proportions. Some office supplies may be non-critical materials but their conservation will save the man-power required in their production. Get the habit of turning the paper over and using both sides of pads, history sheets, and records. A perfectly clean sheet of paper for scratch purposes is definitely tabu for a warring nation, as are expensive stationery and sealed envelopes for inter-office communication. Envelopes, carefully handled, may be used over and over again. Pencils, erasers (rubber!), and clips may be scarcer next year so treat yours as carefully as Hitler's heilers treat theirs. Finally, if any equipment in your province gets out of whack, report it promptly. It is cheaper to make repairs early than late.

One hospital whose nurses have made studies in the general conservation program is Lenox Hill in New York City. One study, the work of student nurses, concerns the linen shortage. Patients had been receiving a daily allowance of linen. In many instances this was found to be unnecessary and, as a result of the student re-

[Continued on page 68]

THE ROAD BACK

By E. G. Richards, R. N.

• How does it seem to be back? This query met me everywhere—in the hospital halls, stairways, elevators. It came from doctors, from classmates with whom I had trained, from nurses I had supervised in my third year as charge nurse, and even from the quaint little English lady whose quiet voice at the door proclaims the morning and evening paper, just as her father's did when I was trained thirty years ago.

I have done no active nursing since my graduation but served for seventeen years in nursing organization work, twice as president of my State association. I was a member of the examining board and did hospital inspection work way back when inspectors were appointed by the Governor and received an impressive scroll of parchment with his signature and the State seal embossed in gold. Ah, those were the days! I had been back in my hospital one year giving anesthetics when our younger doctors were called to the Mexican border.

Also in my past is a brief span of teaching history of nursing to student nurses and the happy glow of authorship from having had two leaflets published. My first, "Nursing in the World War," was a two-page brochure containing information I gleaned from various articles written just after the Armistice. It was rather sketchy, but it gave nurses some idea of what war nursing was like. I realized it would take months, perhaps years, before authentic material on the subject would be written and I felt the course I was teaching on nursing history would be incomplete without something on war nursing.

I felt the same about nursing in my State—Utah—which I knew must have coincided with the entrance of the Mormon pioneers. History tells that their

RN

'S OPINION OF THE MONTH

leader, Brigham Young, was too ill to leave the wagon he traveled in, and so was propped up to view the valley when he spoke the words—famous in Utah—“This is the place.” My leaflet, “Nursing in Our Own State,” was a brief outline of the growth of nursing here.

During World War I, I worked for the Oregon Shortline Railroad as investigating nurse for its Family War Service. I was the connecting link between the employees who had entered service and their families at home. We corresponded regularly with the men at war and made regular visits to their homes. We edited two papers, one “Our Boys,” in which we gave news about the men in service to friends and families and the other, “Our Family,” which was sent to our men on the fighting fronts, bringing news of their families and fellow employees.

My work as State Inspector of Hospitals during this period made it easy to do some recruiting of nurses. Perhaps it was not done as thoroughly as it might have been as I only gave evening talks in cities where there were hospitals. Large groups came to listen, however, and I felt well paid for volunteering the extra time.

My two sons were then six and three years old and I felt secure in their safety because there would be no more wars. Now both are in service and their mother is going to do all she can to secure nursing care for them and their buddies. That is one reason why I left the position I had held for the past ten years as swimming instructress in a large gymnasium.

When friends heard that I was leaving a job where hours were few, salary

good, and work was really play, they frankly said I was crazy. The first few days at the hospital I wondered if they weren't right.

I told myself that it was ridiculous for a woman my age, fifty-four, to think she could come back after thirty years—even with the aid of a very fine refresher course. Feeling a little shaky, I asked my hospital to let me be an observer for two or three weeks at my own expense, even for meals and uniforms. I was an observer for only three days and then placed on regular duty. By the end of the week I was patting myself on the back daily because I knew I had what my hospital needed most, a good strong back, equally sturdy legs and feet, and a willingness to perform any service called for. The fundamentals of nursing had not changed and in these I was well trained. Many new things were to be learned, but those in charge were so willing to help, they made me feel my service was deeply appreciated.

Keeping my cap in place was a problem. My hair had been kept short during my swimming years and a plunge in a pool several times a day just

[Continued on page 48]

a.



Johnson

And now a medal for bravery
Gleams bright on the breast of Nancy Nee.

"Ask Miss Torrop"



BY HILDA TORROP, R.N.

Q. While moving, I lost my registration card sent to me by the New York State Board of Nurse Examiners. Would you outline the steps I must take in obtaining a duplicate?

A. Write to Miss Stella Hawkins, Secretary of State Board of Nurse Examiners, Education Building, Albany, N.Y., explaining the situation. Don't worry; your registration card can be replaced.

Q. I am seeking information on all the five sulfa drugs. Can you inform me as to where I may be able to find all the latest material? I am qualified to teach Anatomy and Physiology. Do you know of any place within the New York City area where I might be able to offer my services as an assistant instructor? I only work five days a week and would be glad to offer my services free of charge in exchange for the experience.

A. Write to the American Medical Association Research Department, Chicago, Illinois, and tell them just what you want on the sulfa family.

There are several things in your letter that lead me to feel that it is not going to be difficult for you to get the opportunity you seek. By all means offer your services to the official nursing registry in the area you specify. Address the Nurs-

ing Bureau of Manhattan and Bronx, Inc., Room 1610, 205 East 42 Street, New York City.

Q. My husband is being inducted into the Army and I am planning to work near his future camp. Can you tell me how I can get such placement and do you approve of a nurse following her husband? We feel we will both be happier and better workers.

A. The need of professional nursing is so great that there is little doubt that you can get work. You can apply to an official nursing registry in that district or to one of our professional nursing bureaus that serve large areas. You will find detailed information in nursing journals. I gather that you have made up your minds that you will not let anything interfere with the full performance of your duties. However, there is always the possibility of restlessness and frustration if off-duty hours do not synchronize or your husband's orders send him to a station where you cannot accompany him. Realizing this, might it not be wiser to concentrate on getting a position where you could use your special preparation in communicable disease nursing? If you have additional hours to fill while your husband is away you know how much Red Cross First Aid and Home Nursing instructors are needed!

Q. There is a problem in the South in regard to nurses' long hours and small wages. Living costs are on the upward trend yet registered general duty nurses are much underpaid. Since it is no secret, may I state that for 10-hour duty we are paid \$2.67 a day, with our meals and uniforms, or \$80 a month, living out. There is much dissatisfaction as the result. What is to be done in order to improve these conditions? Nurses are not materially minded, or they would not remain in the profession, but they also must live.

A. It is a help to realize that this salary compares favorably with that of teachers and secretaries who have earned a degree as well as their secretarial and professional preparation. In New York, where living costs are reputedly high, many secretaries with excellent credentials are receiving \$30.00 a week salary and *no maintenance*. Granted that these salaries are too low all around, imagination helps in providing the maximum of pleasant living quarters. Rent is the biggest item and, if it can be shared, opportunities for more gracious living are afforded by the larger apartment. Pleasure taken in one's belongings is greatly stimulated by having a place to put them!

Q. Some time ago, I noticed a picture of a graduating class of a New York City hospital wearing their corsages on the right shoulder. I have always been under the impression that corsages

were worn on the left shoulder. Which is correct?

Is it proper to use "Faternally Yours" for a complimentary closing when writing to a classmate? I always have a very strong desire to use it but hesitate for fear it is only correct for male fraternities.

A. Custom and absolute correctness place the corsage on the left shoulder. However, convenience and common sense make it advisable to change this order sometimes. If the nurses' uniforms had a left-hand breast pocket in which they were allowed to wear a handkerchief or if a school pin was to be given as part of the graduating exercises and was to be pinned on the left side, the reason for the right shoulder corsage would be obvious. Do not sign any letter "Faternally yours." Nursing is not a fraternal order and the term is outmoded, even for lodge brothers. [*Turn the page*]



BUT MARY HEEDS THE SIGH

Mary earned an accolade bathing Jesus' feet.
Weary-laden, Jesus found solicitude is sweet.

Martha gave the Master bread, and bread the body must;
But Martha never, never knew that bread alone is dust.

Martha is alive today, and Mary is not dead.
Mary still is bringing forth blessings on her head.

Mary is a gallant woman often dressed in white.
She is found in every land watching through the night.

Mary! Ah, her mercies many, with her shining hair;
She would wipe the weary feet if the need were there.

Mary stops at beds of pain that Martha passes by.
Martha only brings them bread, but Mary heeds the sigh.

—FERN MARY MUNSELL, R.N.

Q. How can I learn which schools have scholarships to offer desirable applicants? I have been told that Federal appropriations guarantee that no qualified applicant will be kept out of a nursing school this year for financial reasons.

A. Write to the National Nursing Council for War Service at 1790 Broadway, New York City, or to the Secretary of the Board of Nurse Examiners in the State in which you are interested. The Federal Government has appropriated \$3,500,000 for nursing education. While this amount is by no means adequate for the thousands of students needed, perhaps you'll be one of the lucky ones who will benefit.

Q. I would like to take a course in anesthesia and wish to know if there is any recognized school that would give such a course to a registered nurse.

A. Several courses offering training in anesthesia for nurses are available. Write to the Nursing Information Bureau, 1790 Broadway, New York, N.Y., and ask for a list.

Q. I have a young friend aged twenty-six, with a Bachelor of Science degree, who is interested in entering a

school of nursing. Are there any schools which, in view of the national emergency, offer courses of less than three years duration?

A. The National Nursing Council for War Service, 1790 Broadway, New York City, has information that will be very helpful to your friend.

Q. Will you tell me what action, if any, could be taken against a graduate nurse who has come from a neighboring State and is nursing at very reduced rates?

A. District nursing associations establish the fees to be charged by registered nurses in their communities. Such matters are not regulated by law. The only way in which a nurse might be disciplined if she did not conform to local practices would be for the professional registry to drop her name. Before doing so, however, they would undoubtedly investigate to determine the reason for the nurse's deviation from the accepted practice. The chief offenders are those who charge higher rates. Where the fee is below the usual amount the nurse might deserve commendation rather than censure as her mission might be entirely philanthropic.

PROBIE



"You can borrow him for a loan of your nylons!"

HEPARIN: ANTICOAGULANT

Nurses must be on their toes in administering this anticoagulant, unusually effective in combatting postoperative embolism.

By Allen Klein, Phar. D.

• The formation of embolisms and thrombi after various operations has long been a bugaboo in surgery. For many years laboratory men used the knowledge that certain animal tissues prevent blood in the body from coagulating in experimental efforts to overcome this problem. Not until 1933 was anything concrete achieved; then Canadian investigators produced a crystalline salt of heparin, anticoagulant. Heparin is an extremely interesting drug, one which has already been instrumental in saving many lives by its ability to prolong prothrombin and coagulation time of blood.

Heparin is a substance extracted from different animal tissues, commercially from lung and liver. It is a highly acid compound. After undergoing much chemical processing the material is finally converted either into barium or sodium salt. Heparin is available in sterile isotonic solution, so standardized that each c.c. keeps 5,000 c.c. of plasma *in vitro* in liquid state for four hours at 37° C.

Animal tests showed that administration of heparin can prevent the thrombus formation which usually follows experimental trauma of the innermost surface of blood vessels. Two laboratory workers succeeded in removing obliterating clots from the femoral and carotid arteries of dogs even though these had remained in position for twenty-four to seventy-two hours, under adequate heparin therapy.

Clinical use of heparin has corroborated laboratory findings. Murray reported recently on 700 patients treated with the drug in a number of conditions. No deaths occurred in forty-six of these cases with non-fatal pulmonary embolisms. In 125 phlebitis patients, pain and aches were relieved in the acute cases and the febrile period appeared to be shortened. Six patients with mesenteric thrombosis were given heparin following resection of the gangrenous intestines with four recovering and two dying due to pre-existing peritonitis. Many of the cases who received

heparin prophylactically developed no manifestations of thrombo-embolism.

Other favorable reports have appeared regarding the employment of heparin in pulmonary embolism, a marked diminution of morbidity and mortality being recorded. Prandoni and Wright note that they have "successfully treated five patients in whom the prognosis was grave."

A highly satisfactory percentage of success has followed postoperative utilization of heparin in arterial embolectomies. As stated by Homans, "The use of heparin, by preventing secondary thrombosis, prolongs the preoperative period. Therefore, if heparin is given successful embolotomy may be carried out even twenty-four hours after lodgement." This seems to suggest the administration of the drug before and after such operative procedure



may be the method of choice.

Other surgical undertakings in which heparin offers good possibilities are splenectomy for Banti's syndrome and familial jaundice, subacute bacterial endocarditis (though results in this have thus far been discouraging), coronary thrombosis, cavernous sinus thrombosis, certain obstetric and gynecological procedures.

How does heparin exert its anticoagulant effects? Without bogging down in complicated explanations it amounts to this: heparin antagonizes the activity

and retards the formation of thrombin, an essential element in the blood clotting mechanism. Two experimenters put forward the theory that the activity of heparin may be due to its extraordinarily strong ionic charge.

Administration of heparin demands close medical observation and keen alertness on the part of the nurse. The method of choice in this country is continuous intravenous infusion, for use against thrombosis and thromboembolic conditions. Some clinicians prefer multiple intravenous injections.



"NO GREATER

1. New Red Cross recruitment film really rings the bell with an honest and dramatic portrayal of Army and Navy nurses at work and play. Emphasis, this time, is on the Navy Nurse Corps. These selected "stills" from the picture feature nurses in action at Naval Medical Center in Bethesda, Md. from first reservist's preliminary physical examination (left).

2. Sworn in by a naval officer, she repeats after him the impressive oath: "I do solemnly swear that I will defend the constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same. . . So help me, God."

3. Now a member of the Naval Reserve Nurse Corps, the R.N. is subject to duty call. If there is a vacancy at time she takes oath—and in wartime this is usual—she may be transferred immediately to regular corps and proudly pin on gold oak-leaf-and-anchor insignia of the Navy Nurse Corps.

4. Realism—attractively presented—was high-note of Red Cross film. Only in this scene of our now full-fledged Navy nurse wheeling fracture patient did sentimentality and mawkishness replace honest sentiment and compassion.

This is the continuous intravenous drip as employed by Murray and Best. The appropriate amount of heparin is added to an infusion which is permitted to flow continuously throughout the course of therapy into the selected vein. The choice of diluent may be modified by the individual case, heparin being equally active in 5 per cent glucose solution, normal saline, or Ringer's solution. Should fluid restriction be imperative, the entire daily dose may be given in as little as 800 to 1,000 c.c.

The amount of heparin required to

secure an arbitrarily optimal prolongation of coagulation time, namely twenty to thirty minutes, varies according to the response of each patient. Twenty to thirty mg. per hour usually suffice to maintain this level. Variation in response in different patients and in the same patients from day to day will, of necessity, modify the dose. Dosage should be controlled by repeated observation of clotting time. Coagulation time ought not to exceed forty minutes as insured by repeated estimations of

[Continued on page 48]

GLORY "

5. Teaching hospital corpsmen, who double for nurses aboard ships of the fleet, is vital function of Navy nurse. She, herself, may go to sea on hospital ships of Navy or Marines or be detailed to a transport. Otherwise, like the O.R. supervisor (right), she carries on her activities in base hospitals here and abroad.

6. Official "whites" for summer or tropical zones parallel beige uniforms of A.N.C. Basic training for Navy nurses includes formation drill and learning snappy World War II salute, here demonstrated to R.N. rookies by marine instructor.

7. Neither all-day military nor nursing techniques make the Navy nurse a "dull girl." She has her recreational fling at Officers' Club entertainments or dances and convivial get-togethers with fellow Corps' members. A birthday dinner-party in the Bethesda nurses' dining room is feature of the Red Cross film.

8. En route for coveted foreign duty, R.N.'s swing suitcases jubilantly into Navy limousine before piling in themselves. Subsequently, the movie shows a combat area sequence with nurses carrying on within the battle zone. To a preview audience, these scenes were indisputable evidence, that for a qualified nurse there can be "no greater glory" in war than in military service.



Science IN THE NEWS

INFLUENZA IMMUNIZER

• From the University of Pennsylvania School of Medicine, Dr. Joseph Stokes reports that if we are faced with an influenza epidemic this winter it may be possible to use the blood of the first patients who are attacked, as a serum to immunize others. He bases his report on his experiments with mice. Dr. Stokes gave a small amount of immunization serum to his lab mice and thus protected them against inhaled doses of the virus of influenza. The serum was injected within six hours after infection with the virus. Dr. Stokes also announces that such a vaccine recently protected forty-three out of forty-four boys who were directly exposed to influenza virus.

The familiar gray First Aid textbook of the American Red Cross has been translated in Spanish and Portuguese for distribution to our Central and South American neighbors.

SPOILED CLOVER

• A new work by Dr. Lehmann of Sweden on an anti-blood clotting compound is reported. The mixture, made from spoiled sweet clover, called AP, was used on patients suffering from thrombosis of the legs. As clotting tendency was reduced, there was improvement of the condition shown by a fall in the temperature and lessening of swelling and congestion. Patients with "milk leg" required larger amounts of the drug and did not respond so readily. But in all cases the course of the disease was shortened and no further clots developed. A few cases of brief toxic symptoms when the drug was first administered were recorded. Minor hemorrhages occurred in some cases and were controlled by vitamin K. It was also discovered that nursing mothers excrete

AP in their milk. The drug can be given with the sulfa drugs, the barbiturates, and morphine; is also compatible in tuberculosis and pneumonia. AP is contraindicated in kidney, heart, and liver disease.

One-fourth of all maple syrup is used in the manufacture of tobacco.

FROSTBITE IN DRINKS

• Experiments with intoxicated rats, reported to the American Medical Association by Dr. J. Ross Veal and Dr. Roy G. Klepser, of Gallinger Hospital and Georgetown Medical School, reveal that excessive liquor intake chills the body to a dangerous degree. One drink is warming; blood vessels dilate and more warming fluid passes through them. Heavy drinking, however, cools the fingers of human beings. Inebriated rats lolling in a room of seventy degrees suffered temperature drops of two to fourteen degrees, thus being more susceptible to frostbite. The frostbitten condition of many intoxicated men brought to Gallinger Hospital in the winter supports the theory.

Black pepper is the most important spice in total value, yet none of it is grown in the Western Hemisphere.

FROZEN TONNAGE

• The War Department wants approximately fifty million pounds of quick-frozen vegetables for soldiers in this country. The Army is asking for 10,000,000 pounds of spinach, 6,000,000 pounds of snap beans, 10,000,000 of lima beans, 4,000,000 of cut corn, 23,000,000 of green beans, and quantities of other frozen foods! Increased use of frosted foods by the military is expected to release large

VITAMINS IN DISGUISE



Truly a remarkable achievement—five important vitamins (A, B₁, B₂, C, and D) disguised in a delicious chocolate-malt flavor. Cal-C-Tose 'Roche' offers two distinct advantages in vitamin medication—for not only does it provide generous quantities of five vitamins in a pleasing form but it also encourages an increase in the daily consumption of milk. Cal-C-Tose is supplied in 12 oz jars and 5 lb economy containers. . . .
HOFFMANN - LA ROCHE, INC., ROCHE PARK, NUTLEY, N. J.

CAL-C-TOSE 'ROCHE'





M. BURNEICE LARSON, Director

So a year ago you said nothing would induce you to marry for the duration. . . and here you are with a husband in uniform, half a continent away from you. Your Sword of Damocles is the imminence of an order for overseas duty, and you'd give anything to be located within at least week-end distance of camp.

Or you have stuck by your guns, and you're not a wife—yet—but it would still be mighty wonderful to get between-furlough glimpses of the beloved.

We've helped lots of you secure appointments which have made this time of waiting more bearable. We'll be helping many more before the wives of the nation can make their homes when and where they choose.

The first step? Write for one of our registration forms that we may know what your experience has been—where you would now like to locate. We predict you'll be on your way soon after filing your qualifications with us.

M. BURNEICE LARSON

Director, THE MEDICAL BUREAU
Palmolive Building Chicago

amounts of canned goods for overseas shipment and to conserve steel and tin normally used for domestic canning.

Australian soldiers in New Guinea have a new definition of morale: what makes your legs do what your head reckons impossible.

"CHAPSTICKS!"

● Quartermaster Corps technicians have developed a cylindrical-packaged medication as a preventive against chapped skin or sunburn, for U. S. soldiers (nurses, too), serving in extreme climates. The "chapstick" is about two inches long, contains soothing ingredients, including camphor; has been tested under simulated combat conditions, and will be issued to all Army personnel on duty in cold climates, high mountains, or deserts.

A new camouflage paint is made from soy bean protein.

RABBIT HATS

● The increased demand for rabbits, from whose pelts felt hats are made, brings from the WPB and the U. S. Fish and Wildlife Service a warning to hunters to beware of tularemia. Formerly trappers used rubber gloves when skinning the animals, but with the rubber shortage they must take other, and perhaps even greater precautions. Housewives who hanker after "hasenpfeffer" as a good winter dish, complete with red cabbage, are also cautioned to cook the rabbits thoroughly; complete cooking kills the germs. Peculiar whitish spots on the spleen and liver of the rabbit should be viewed with suspicion.

Each pound of the two billion pounds of household fats which are thrown away every year would be capable of firing four anti-aircraft shells.

POLIO FIGHT

● Dr. E. Racker at Harlem Hospital has obtained crystals from the brains of mice which have been infected with infantile paralysis. These, injected into unafflicted mice cause typical paralytic symptoms in fourteen to seventy-two hours. Mice-brain

DEC.—R.N.—1942



The Therapeutic Value of

"RELIEF AT HAND"

In the management of muscular pain due to contusions and respiratory infections, in the relief of neuritic discomfort and the pain of arthritis, local measures not only prove therapeutically advantageous, but also satisfy the patient's request for "something to apply." Baume Bengué provides effective topical therapy, since it makes available through cutaneous absorption the valuable action of methyl salicylate. Its contained menthol contributes to resolution by stimulating an increased blood flow to the involved area. Baume Bengué usually enhances the effects of other indicated therapy, local or systemic.

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ANALGÉSIQUE

THOS. LEEMING & CO., INC., 101 WEST 31ST STREET, NEW YORK, N. Y.

New *under-arm*
Cream Deodorant
safely
Stops Perspiration



1. Does not harm dresses—does not irritate skin.
2. No waiting to dry. Can be used right after shaving.
3. Instantly stops perspiration for 1 to 3 days. Removes odor from perspiration.
4. A pure, white, greaseless, stainless vanishing cream.
5. Arrid has been awarded the Approval Seal of the American Institute of Laundering for being harmless to fabric.



Arrid is the Largest
Selling Deodorant...
Try a jar today.

ARRID

39¢ a jar

AT ALL STORES WHICH SELL TOILET GOODS
(Also in 10 cent and 59 cent jars)

crystals are protein in nature; although they may not be the actual virus, Dr. Racker reports that the virus may be adsorbed on the protein. This may help scientists to secure a more highly purified virus than heretofore. Another notable step in the fight against poliomyelitis.

The glands and viscera of meat animals—considered waste products—provide such varied products as gold beaters' skin, perfume bottle caps, and sausage casings.

ANTI-MALARIAL

● Totaquine, from cinchona trees, is included in the new official U.S. Pharmacopoeia XII which will be adopted this month. This announcement has been published in a supplement because of urgent need for anti-malarials. Quinine, a white crystal, was extracted from the bark and the balance thrown away. Now with the shortage of cinchona, further extraction is made of the bark and a yellowish-brown powder with high potency is secured. By using totaquine, supplies of quinine can be released for men fighting in the malaria-infected regions of the world. In general it is believed that this new drug will be as effective as quinine. It will probably sell for less than the original drug.

Health Briefs

BY LEONHARD FELIX FULD, PH.D.
Health Director, Medical Center,
Jersey City, New Jersey

*

Face creams cannot be considered a satisfactory substitute for soap and water.

*

Although varicose veins constitute an occupational hazard for nurses, their development can be materially retarded by insisting that each nurse support her stockings on a girdle or a garter belt.

WAR SERVICE CALL

● An appeal to all nurses eligible for military service was issued November 30th by Col. Julia O. Flikke, superintendent of the Army Nurse Corps, together with an announcement that hereafter all Army nurse-recruitment will be handled entirely by the nursing service of the American Red Cross. Said Colonel Flikke:

"... Although there are in service today as many nurses as were assigned during the First World War, this number ... is 5,000 short of meeting our actual needs at present ... We need not only the young graduates, but also nurses of experience. The Army Nurse Corps can be only as good as the nurses who make up its membership, hence our plea is for the best in American nursing ...

"Hereafter all applications for appointment in the Army Nurse Corps are to be evaluated by the Red Cross Nursing Service, regardless of whether the nurse applies directly to the Army or to the Red Cross. This plan was adopted [at the request of Surgeon General James C. Magee] so that the officers of the ... Corps could be relieved of the clerical details involved and at the same time utilize the facilities which the Red Cross has especially provided for that purpose.

"As superintendent of the Army Nurse Corps, I call upon all eligible nurses to accept their responsibilities as professionally trained women and as citizens in meeting the first need in nursing by making themselves available for immediate assignment to the armed forces."

The Army Nurse Corps needs nurses to care for soldiers in training camps and must have "an increasingly large number of nurses ready to leave for any overseas post when troops embark," Col. Flikke said. Women up to 45 years of age, whether married or single, are now eligible for service. The Army urges that all nurses who can qualify go immediately to the recruitment station at their local Red Cross chapter house and apply for admission to the corps. Full information on service, salary, rank, and benefits will be supplied at the recruitment headquarters. Nurses joining up now will become members of the newly created War Reserve of the American Red Cross and officers in the Army Nurse Corps.—THE EDITORS.

DECEMBER 1942

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Nurses! Read!



HOW

famous

QUINTUPLETS

relieve coughing of

CHEST COLDS

At the first signs which may warn of a cold—the Dionne Quintuplets' chests, throats and backs are rubbed with Musterole—a product made especially to promptly relieve coughs due to colds, make breathing easier and break up local congestion in the upper bronchial tract.

Musterole gives such wonderful results because it's **MORE** than just an ordinary "salve". It's what so many Doctors and Nurses call a *modern counter-irritant*. Since Musterole is used on the Quints—you may be sure it's just about the **BEST** cold-relief made!

IN 3 STRENGTHS: Children's Mild Musterole for children and people with tender skin. Regular for ordinary cases and Extra Strength for stubborn cases.



COLLECTORS' CORNER

Roberta Matthews, Editor

COLLIES: I just lost my Scotch collie, aged 11, and in commemoration am starting a collection of pictures and models of collie dogs. Will be glad to exchange and to acknowledge all donations. Rosemary Leslie, 20 Tower St., Forest Hills, Mass.

FANCY PINS: All kinds, but keep them inexpensive. May I exchange items of equal value? Bertha Adams, Park Hotel, Chico, Calif.

CARTOONS AND POEMS: I'm collecting a scrapbook full of interesting and amusing data on first aid. Since teaching the American Red Cross first aid course, I have been fascinated with cartoons and poetry on that subject. Will gladly pay postage and exchange. Helen O'Leary, 329 Penn St., Huntingdon, Pa.

WOOL SCRAPS: Odds and ends of wool, any color, any weight. My mother and I make afghans for the A.W.V.s. and are now working on our seventh. Will pay postage. Nan Cuming, 1421 Madison Ave., New York, N.Y.

PICTURE POSTCARDS: My hobby is collecting cards from all sections of the U.S.A. May I exchange cards with you or send stamps in payment? John Leo Longan, 6137 Drexel Ave., Apt. 2, Chicago, Ill.

FANS: All kinds and ages, except electric fans. Also collect handkerchiefs—wee ones, big ones, regular size, bandana, head size. Any kind, color, or quality. Even exchange. Perle Day, 3740 Olive St., Kansas City, Mo.

DISHES: I've started collecting odd, old-fashioned dishes and would appreciate receiving some from nurses. Will acknowledge and pay postage. Jeanette Heinrichs, 224 Union Ave., West Haven, Conn.

HOSPITAL PICTURES: I'd like to exchange hospital picture postcards or photographs. Will you enclose your name and a brief nursing biography? Helen Westcott, 130 Broad St., Bridgeton, N.J.



IN THE METABOLIC DEMANDS OF

Lactation

According to the National Research Council, the nutritional demands of lactation present a considerable increase over normal requirements. Caloric needs are increased from 2500 to 3000 calories daily, protein from 60 to 100 Gm., calcium from 0.8 to 2.0 Gm., iron from 12 to 15 mg., vitamin A from 5000 to 8000 I.U., thiamine from 1.5 to 2.3 mg., ascorbic acid from 70 to 150 mg., riboflavin from 2.2 to 3.0 mg., and nicotinic acid from 15 to 23 mg.; the vitamin D requirement is estimated to be from 400 to 800 I.U. daily.

To provide the calories required is of course a simple matter. But to fill the needs for specific nutrients through the ordinarily consumed diet may present considerable difficulty.

Many physicians have found that New Improved Ovaltine proves an ideal food supple-

ment during lactation. This delicious food drink aids appreciably in the caloric intake and provides a high percentage of the daily requirement for specific nutrients.

Three daily servings (1½ oz.) of New Improved Ovaltine provide:

	Dry Ovaltine	Ovaltine with milk*
PROTEIN . . .	6.00 Gm.	31.20 Gm.
CARBOHYDRATE . . .	30.00 Gm.	66.00 Gm.
FAT	3.15 Gm.	31.95 Gm.
CALCIUM	0.25 Gm.	1.05 Gm.
PHOSPHORUS	0.25 Gm.	0.903 Gm.
IRON	10.5 mg.	11.9 mg.
COPPER	0.5 mg.	0.5 mg.
VITAMIN A	1500 U.S.P.U.	2953 U.S.P.U.
VITAMIN D	405 U.S.P.U.	432 U.S.P.U.
VITAMIN B ₁	300 U.S.P.U.	432 U.S.P.U.
RIBOFLAVIN	0.25 mg.	1.28 mg.

*Each serving made with 8 oz. milk; based on average reported values for milk.

NEW IMPROVED

Ovaltine

2 KINDS—PLAIN AND CHOCOLATE FLAVORED

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Nurses are invited to send for individual servings of New Improved Ovaltine. The Wander Company, 360 N. Michigan Ave., Chicago, Ill.





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ON THE RED CROSS RECORD

● Thirty Red Cross nurses who served with the American Red Cross-Harvard Field Hospital Unit in England for the past 15 months have volunteered for the Army Nurse Corps and have been sworn into duty with the U.S. Army in Britain, according to word reaching Miss Virginia Dunbar, assistant director of the Red Cross Nursing Service in Washington, D.C.

Miss Gertrude Madley, chief nurse for the hospital, and Miss Elisabeth Phillips, associate chief nurse, in charge of public health nursing, have returned to America, following the militarization of the unit by the U.S. Army. In making her report, Miss Madley brought out that mumps was the most common disease among the patients but that measles, whooping cough, and chicken pox were taken care of as well as epidemic jaundice, paratyphoid, and epidemic myalgia or stiff neck. Seventy-five per cent of the patients treated in the hospital and by mobile public health units were Army men and 25 per cent were civilians.

Technique for treatment of infectious disease in the hospital followed that of outstanding hospitals in America and included placing patients in either single or double rooms, completely isolated from each other. Every physician, nurse, or attendant put on a clean gown each time before entering the patient's room. These were then placed in huge bags and dumped directly into an immense laundry unit. This the English considered the most remarkable piece of equipment the Americans had installed, because such elaborate mechanical aids are not common there, Miss Madley said.

The fact that, so far in this war, there has been no major epidemic, such as the influenza epidemic during the World War, has no ready explanation, Miss Madley

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FEEL
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THIS?**



**To Relieve Pain due to Simple Headache,
Minor Neuralgia or Neuritis—Try ANACIN.**

When it is necessary to *carry on* despite annoying headaches or the pain of unrelenting neuritis and neuralgia, try ANACIN* for prompt relief.

ANACIN'S analgesic and sedative action has won the appreciation of many patients who have first had it recommended by

their physician or dentist. Two tablets with water, repeated in two hours if necessary, usually provide gratifying relief. ANACIN also helps to relieve temporarily the pain and discomforts associated with regular menstrual periods. For best results follow the directions on the package.

*Reg. U. S. Pat. Off.



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First aid for many traumatisms—sprains, contusions, strains—include prompt application of Numotizine.

Taking the place of the customary hot packs or fomentations, Numotizine offers the advantages of cleanliness, simplicity and effectiveness.

With Numotizine, there is no need for applying external heat; no messing with liquids. A gradual reduction in swelling is observed, accompanied by sustained relief of pain. The effect is so prolonged that one treatment lasts all night.

Indications for Numotizine include:

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Sprains, strains, contusions
Pelvic inflammation
Orchitis, epididymitis
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Literature and clinical samples on request.

Resealable Glass . . . No Contamination . . .
No Waste.

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declares. The British Ministry of Health and the Red Cross-Harvard Unit staff consider it "an act of God," in view of the crowded conditions in air-raid shelters and the destruction of sanitary devices both in homes and in public buildings.

Explanations that Miss Madley can offer are that strict precautions against infections are being taken and that the English are getting a better balanced diet, even under present food restrictions. "The people are using more salads and they are learning to cook vegetables so that they are more appetizing. The standard flour is brown whole wheat which is nutritious and of good flavor," she says.

Miss Phillips brought back the observation that leaders in the medical world abroad are beginning to wonder whether the old ratio of the number of doctors and nurses to military patients is not much too high during the present type of warfare. Both doctors and nurses in England are studying reports of military medical units which point out that in the deadly warfare of today, a majority of the casualties are deaths, rather than wounds. The number of doctors and nurses needed should not be decreased, Miss Phillips brings out, because there are so many more men in combat than ever before in the history of warfare.

Red Cross nurses arrived in England in time to ride the wave of popularity which enveloped all America as the result of our help to Britain in the hour of her greatest need, Miss Phillips says. People stopped them in the streets, on buses, and in restaurants to say, "Hello, America," and "Thank you."

Mrs. Helen Johnson, secretary of the staff, tells a story which amused the unit in connection with that spirit of friendliness. She went one day to Boots Pharmacy to make a purchase and was waiting while the salesman looked for the article. He returned, with an air of disappointment.

"I'm afraid we don't carry that, sister," he reported.

Mrs. Johnson looked at him, surprised, about to make a chilly reply to an impertinent salesman who had addressed her familiarly.

Then she realized that she was wearing her Red Cross uniform and that he was addressing her as a nursing sister, in the

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Excellent Nutritional Results**

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2. Add enough warm, previously boiled water to make one ounce.

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"How to feed Baby"



. . . is explained simply. In addition, this booklet describes effective ways to lengthen the life of rubber nipples. And the profession needs rubber.

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Gentlemen: You may send copies of "Baby Feeding Made Easy" to the following address:

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British fashion of calling all nurses "sister."

Miss Madley has returned to Detroit, where she was supervisor of the communicable disease division of the Herman Kiefer Hospital, and Miss Phillips has taken up her work with the Henry Street Settlement Visiting Nurse Service of New York.

The road back

[Continued from page 29]

doesn't add up to a smart or beautiful coiffure. Now my hair was allowed to grow, and what little I had was pulled back and knotted at the neck. I overheard two students discussing me one day.

"The way she wears her hair doesn't help her looks any," one said.

"She doesn't have to be beautiful; she's smart!" the other answered.

My confidence was restored, my sense of humor vindicated.

Just recently I was appointed chairman of the Utah Council for War Nursing. It brings the past close to the present. Just think, when I am ninety and still attending State nursing conventions people will whisper,

"She recruited nurses for two world wars."

Did I say ninety? My, my, at the rate of a war every twenty years I may be needed again!

But when this recruiting job is done, I am going back to my hospital and do general duty until our nurses in service come back.

Heparin

[Continued from page 35]

venous clotting time at four-hour intervals.

Heparinization is also conducted locally and regionally, chiefly in vascular surgery, to confine anticoagulant effects to the operative area.

The length of time for heparin drip administration varies. Four to five days



How
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helps
in the sick room!

Often, when ministering to bedridden or convalescing patients, you will observe how the presence of some skin affection—especially if there is noticeable itching—adds to the problem of making the patient comfortable and at ease.

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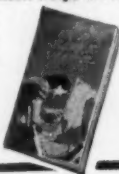


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are usually enough for prophylaxis of postoperative thrombosis, such as phlebitis. After arterial surgery, heparin is usually given for seven to ten days or longer, until potency of the artery is assured. Ten days to three weeks are required in pulmonary infarction. Generally the drug should be given until the clinical symptoms of fever and pain have disappeared and the involved part has regained normal or near normal function.

Slight bleeding may be dangerously increased by continuous use of heparin. Therefore it is wisest to wait at least four hours after operation, looking for evidence of bleeding or surgical shock before administration of the drug. If bleeding occurs, treatment is withdrawn. Heparin is contraindicated in hemophilia, purpura hemorrhagica, obstructive jaundice, or extensive disease of the liver. The volume of liquid taken with heparin must be watched . . . Hematuria and hematomata are not infrequent complications with heparin therapy, and cerebral hemorrhage has been reported.

Valuable in many phases of surgery as an anticoagulant agent, heparin presents several disadvantages: danger of excessive bleeding, difficult administration, constant need to check clotting time, high cost and length of treatment, inconvenience to patients, and occasional failure. But despite these drawbacks, a good number of surgeons are using it often.

Albertine Brij, R.N.

[Continued from page 17]

of Information in Rockefeller Center, while awaiting a chance to have her credentials verified so that she may be licensed as a New York State R.N.

In July of this year, one week after receiving the Cross of Merit of The Netherlands for her courage on the Pennland, Albertine Brij was summoned to the Seamen's Church Insti-



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V-E-M can always be recommended as a pleasant relief for the stuffy noses of simple head colds and for other annoying nasal conditions often caused by the dry air of heated homes and buildings, quick changes in temperature, inhaled dust, soot, fumes, pollen and air borne droplets in crowded places. V-E-M soothes and lubricates the accessible nasal membranes, depositing a partially protective film; it quickly clears the nasal passages of temporary congestion; it sweetens the exhalation of breath through the nose; it softens crusty accumulations; in short—

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finger and snuff it up the nose. Once you try V-E-M, you will feel like recommending it. It has given comfort to a lot of people.

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menthol $1\frac{1}{2}$ gr. in each
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R.N.

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2. The rich, smooth, softening oils in TOUSHAY LOTION aid in supplementing the natural lubricants in your skin ...another way of maintaining hand loveliness.



Delicately fragrant TOUSHAY LOTION is decidedly economical. Use it before washing hands, before donning rubber gloves, and as an after-bath refresher. Suggest it for the fastidious patient.

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tute in New York City. There, the only woman in a group of officers and men selected for special distinction, she was greeted and congratulated by Queen Wilhelmina.

"I think I behave all right," Albertine said. "But I'm not sure what my director of nurses who taught me 'etiquette' would say!"

—JEAN DEWITT

Sinusitis

[Continued from page 19]

infected sinuses may tend to stagnate; therefore, saline irrigations may be used by the physician. Similar methods and medication used in the acute state may be employed. Self-administration of oily nose drops is dangerous because of possibility of causing lipoid pneumonia. Autogenous vaccines have been used with some successful results.

When all treatment fails, after a reasonable period of time, surgery may

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Insures a recognized daily minimum requirement of Vitamins A, B₁, D and 50% of G

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be indicated. The consensus today seems to be that an operation is to be avoided as long as possible so that there will be no further damage of the already sensitive tissue. If surgery must be used it would seem best to be sure that it is adequate, for the decision to operate is indeed serious. Some authorities state that many of these operations are not complete enough. Nasal polyps may be removed to increase drainage and septal spurs and hyperplasias of the nasal membranes may be corrected at times. Excessive increase of air space with resultant mucous membrane drying and degeneration should be avoided. In any case, surgery is used to improve drainage and bring about a more normal physiology of the nose.

Allergy.—Some of the chronic cases are interrelated with problems of allergy. To secure relief in these cases there must be complete cooperation between allergist, rhinologist, and the patient himself. Remissions are common because the fundamental nature of the allergy is often difficult to understand. But, as in the case of all types of sinusitis, recurrences may and do come after another acute upper respiratory infection or infection from swimming, or after exposure to cold, wet, or wind. Special care should be taken to check possible allergies and to remove any nasal obstructions.

Nasal tamponade.—Several reports have been made of the use of thin, small, soft, long-fiber cotton tampons

which are medicated and *gently* placed in the middle meatus. At first they are medicated with one of the adrenergic drugs such as neosynephrine hydrochloride or ephedrine hydrochloride. Cocaine may be added if indicated. They are then replaced, after a few minutes, with a very weak colloidal silver-protein in the form of silver iodide gelatin. After these have remained for a half hour or longer, they tend to produce a flow of mucous from both the nasal area and from the sinus ostia. They are nonirritating and results are secured by their action as foreign bodies. Use of tampons should be without pressure because added trauma must be avoided.

Chemotherapy.—With the advent of sulfa drugs it was to be expected that they would be employed in sinusitis. Rhinologists have tried for some time to find a medication which will be bactericidal, or at least bacteriostatic, to pathogenic organisms, but cause no injury to the delicate ciliated membranes. One of the first investigators used sulfathiazole as a nasal spray. However, this solution seemed to effect a destructive action on the nasal mucosa of test animals and the hunt continued for some combination that would be nonirritating as well as helpful.

More recent work seems to show that sodium sulfathiazole is irritating because of its alkalinity. An aqueous solution will vary in pH and become yellow



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This is Mrs. Roy Squires with little Andy who arrived in Queens Hospital, Honolulu, on Dec. 7th, historic Pearl Harbor Day. Hawaiian newspapers tagged him the "black-out baby."

He is shown on the receiving end of a modern Evenflo Nurser, favorite unit at the great American naval and military centers. Wherever they go, soldiers' wives prefer these convenient units whose easier nursing action helps babies get the most benefit from their food.

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**MODERN
EVENFLO NURSER**
Nipple, Bottle, Cap, All-in-One, 25¢

on standing, especially when not protected from daylight. A newer plan is to dissolve the sulfonamides in propylene glycol to obviate the strong alkalinity, irritating properties, and to stop deterioration. The three solutions found to be most successful were a 3 per cent solution of sulfathiazole, a 3 per cent solution of sulfapyridine, and a 10 per cent solution of sulfanilamide. All were dissolved in propylene glycol. The pH of these three solutions conforms more nearly to that of the nasal secretions.

The patient is instructed to inhale while the solution is sprayed several times into the nose and throat at thirty to sixty minute intervals for four or five hours or more. There seems to be no irritation of the mucosa of the nasal passages, oral pharynx, larynx, trachea, or bronchi and relief was apparent in many cases. Equal volumes of the three solutions may be mixed and are thought to be more efficient in the pres-

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ence of mixed infections.

Some reports have been made of the use of tampons medicated with the sulfenamides, supplemented by diathermy while they are in place.

Sulfonamides are also used orally and with better rationale, since topical applications cannot be expected to get at the infection deep in the sinuses. But the regular blood and urinary tests should be made whenever this type of therapy is used.

A word about propylene glycol is in order. When it was used by vaporization in a convalescent ward it proved to have effective bactericidal range. Conclusions were that it was an excellent agent for sterilizing air in enclosed spaces, and at a time when large numbers of men are assembled in military barracks it may prove of added interest.

Preliminary tests on gramicidin for use in chronic purulent sinusitis due to gram-positive organisms may prove of



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Antispasmodic Astringent
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Samples free to nurses upon request.
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DEC.—R.N.—1942

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neither did we until we were con-
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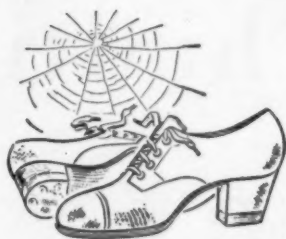
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value. More complete knowledge of its toxicity is needed before it is generally used.

Nursing care.—Except in extreme cases with complications, the nurse may not be called upon to attend sinusitis. However, the office nurse may see such cases because many of the treatments for sinusitis are given in the doctor's office and when a nurse is in attendance she will be called upon to take care of the mechanical details. Yet, many nurses are interested in this condition because it is so common in a large part of the United States and they themselves cannot always be immune. From either viewpoint, as nurse or patient, it cannot be stressed too strongly that treatment of a "cold" should not be left to chance. Busy days demand careful hygiene and proper precautions against chronic sinusitis. This condition is far from pleasant and as any one who has suffered from it will tell you—it is a pain and misery that you will do well to avoid.

[Send stamped, addressed envelope for a bibliography on the facts discussed in this article.—THE EDITORS]

War babies

[Continued from page 21]

school accommodation will be for the children of working mothers.

Children of many races and nationalities must be cared for. Nurses undertaking this work in San Francisco, for instance, may find themselves supervising the health of black-eyed, black-haired infants at the Chinese Nursery School on Sacramento Street, or the Chinese Day Care Nursery on Clay Street, both in the heart of Chinatown; or they may observe some signs of the spirit that is making the defense of Stalingrad an epic for future poets as they get to know the sturdy infants at the Russian Day Home on Post Street. The "Booker T." accommodates colored children. The Holy Name Day

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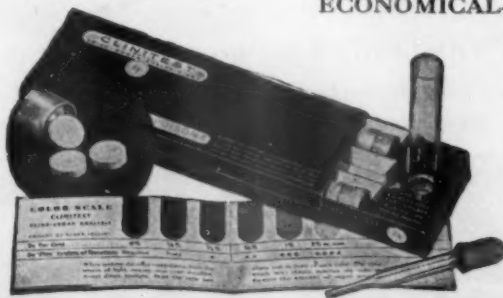
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ELKHART, INDIANA

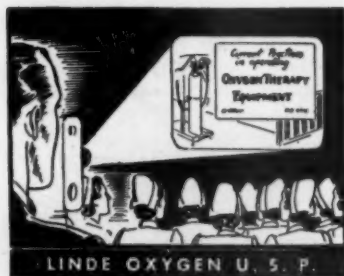
Home serves chiefly Catholics, but for the most part the nurseries are not denominational. In Oakland, Berkeley, Richmond, Vallejo, Sausalito, all centers of accelerating war production, nurseries are being expanded or newly established. In the words of the head of the Day Care Section of the Children's Council of the Community Chest of San Francisco: "War conditions are placing new emphasis on day care for children" as "mothers find it necessary to place their children outside the home while they are employed."

In this connection, the shape of things to come is traceable in the provision being made at the Marin City housing project for war workers' children. Among the empty hills beyond Sausalito, a brand new community of 7,000 persons is rushing to full growth. Marinship, a newly-established shipyard on the northerly shore of San Francisco Bay, is being constructed and at the same time turning out ships!

This war-born enterprise will require a minimum of 40,000 workers when complete. Workers and their families are pouring into the county from Minnesota, Wisconsin, Arkansas, Idaho, as well as from nearer points. The available surplus housing in the county has long ago been exhausted. Marin City is one of the Federal housing projects designed to take care of the shelter-hungry war workers and will include as one of its most desirable features a community medical center.

Marin City is also proud of its nursery school set-up. At present on a provisional emergency basis in emergency quarters, the completed child-care program will be one of the most thorough yet to be undertaken in this area. The ultra-modern buildings, planned to supply complete shelter, semi-shelter, and open-air space for the youngsters, will provide two nursery school units. Before the building was started, the Housing Authority called

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in for consultation, Dr. Katherine Landreth, who heads the University of California Child Welfare Department. As a result of her suggestions, the original plans for the nursery school project were completely changed and now it is considered by the experts to be just about perfect judged by modern standards for child care. Constructed with a great deal of glass, it is designed to take full advantage of California's ample sunshine and the accommodation will be sufficient for the partial or complete care of all the children of the new community, and of those of other war workers in the region.

The Marin City project is not yet completed; it is only 20 per cent occupied and will not be fully tenanted until February first. The project will then serve any war-working mother in the county. While the permanent nursery school buildings are being completed, an emergency child-care program has to be tackled. Women are

just beginning to work in the Sausalito shipyards and many more are going to school, learning to be burners, welders, ship fitters.

How this emergency child-care program is being handled is an exciting story in itself. Marin City, with 20 per cent occupancy to date, has had one full-time registered nurse and a part-time nurse. As this was written, the number was being increased to two full-time nurses. As more families are housed in the community, the nursing staff will grow to four or more, attached to the Marin City Medical Center. These nurses will perform the professional duties in relation to the nursery school required by Board of Health regulations. They will supervise the general health of the children cared for under the nursery program. But with available nurses as scarce as they are, they cannot be expected to handle alone the "big time" nursery school program now in the making. What

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they can do is to teach and train aids. First-aid and home nursing classes conducted by the R.N.'s at Marin City will provide the basis for this training. These courses have been started. In addition, the Marin Junior College will establish classes on the spot, starting with fifteen persons.

In addition to conducting the first-aid and home nursing classes, the registered nurses in the mushrooming community are constantly available for health advice and guidance in relation to the child-care nursery program. It looks as though the children of war working mothers would have a kind of health supervision that few children have enjoyed in the past, with registered nurses playing an increasing part in the expanding program.

Meat rationing

[Continued from page 23]

have exceeded this amount in the past. Then, it is time to study the things you may use in place of meat for one, two, or three days a week. Select foods that answer your needs and then stop worrying about it, because we still have available a great amount and variety of foods. A hungry soldier on a tiny island in the Pacific, or a husky sailor on Arctic patrol, needs more meat than he required at home in his peacetime job. It is our job to balance the books. We have plenty of food from which to choose, so it is just one more gesture on

our part toward winning the war. Tell your friends to stop worrying about the lack of steak, chops, and roasts. They may not like the substitutes as well, but it is little enough we at home can do—and let's do it without complaining.

[This is the first of a series of articles on Food and the War.—THE EDITORS]

Blackout!

[Continued from page 25]

have passed out on the spot, because she gave him exactly the opposite treatment from what was indicated. Then she bundled him into the "ambulance" and, following instructions, headed for the hospital by the quickest way—across the school grounds. She had forgotten that there is a three-foot drop just back of the playground. So she scored two broken axles and a breathless patient on the first try. The "patient's" remarks are not on record.

But the story I like best concerns Emily Blake, one of those officious old gals who tries to run the community—including the hospital—as if she owned it. She lives in one of the suburbs and is an air raid warden. She knows the rule book by heart and appears at all blackouts and air raid drills in a 1914 model trench coat, belted in with a rope from which hangs a flashlight, a trench knife, a whistle, and a small shovel.

Emily was clanking through the blackout when a car full of Army officers tried to get past. *[Turn the page]*

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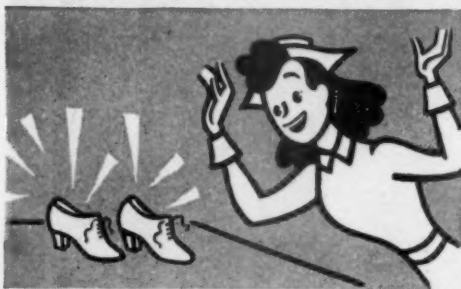
- (1) 1938, Nutrition Abstracts and Reviews 8, 281
(2) 1939, Food and Life: Yearbook of Agriculture
U. S. Dept. Agriculture, U. S. Gov't
Printing Office, Washington, D. C.



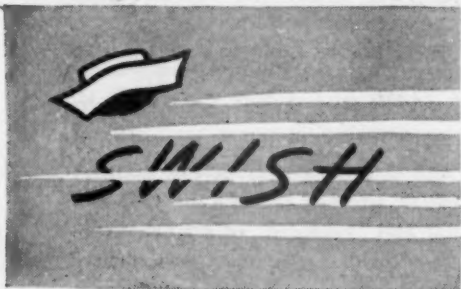
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You'll stare, you'll be amazed, you'll cheer!



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WHITE**



Emily's rule book said that *nobody* should pass, and with a lordly gesture she ordered the officers to the side of the road. Another air raid warden came up and said that of course an exception was always made in the case of the Army, but Emily said "They shall not pass," or a reasonable facsimile thereof.

The battle waxed furious until the chief air raid warden came up and settled the issue by declaring that the Army should pass, if Emily went along to O.K. them at the next "post." So Emily, still clanking with impedimenta, boarded the car majestically and sat down—square on the trench shovel, which had worked its way around to a strategic area.

Yes, war may be just what Sherman said it was. But it certainly has its bright moments—even in a blackout.

Saving supplies

[Continued from page 28]

search, linen is now procured on the judgment of the attending nurse with remarkable savings in laundry expense. A system of charts, kept by each nurse, explains the reason for change of linen and shows whether patient, nurse, or ward helper is responsible for unnecessary soilage.

Some administrators suggest putting linen standards and control under the direction of head nurse or supervisor, but this seems less advisable than the Lenox Hill method of individual responsibility as it adds just one more burden to an already over-worked executive.

In the last analysis, the saving of hospital supplies and equipment rests squarely on the shoulders of every staff member. Through group conferences and receptivity to "the other fellow's" ideas, ingenious ways and means of conservation may be developed which contribute decisively to the nation's war effort.

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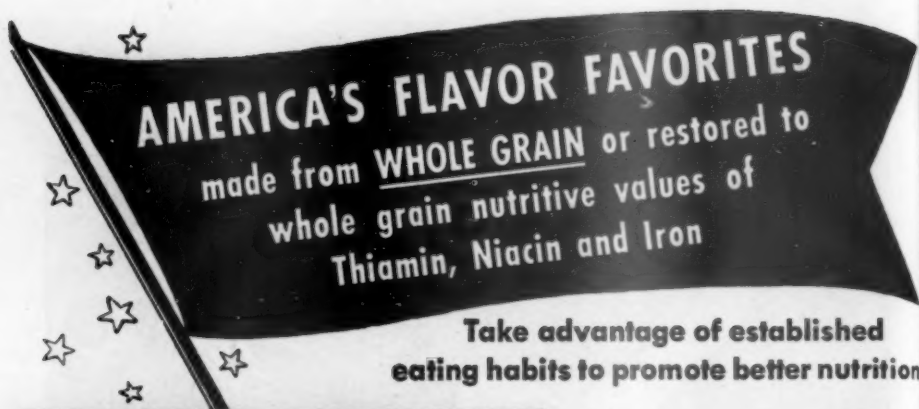


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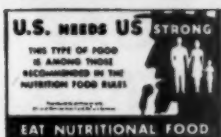
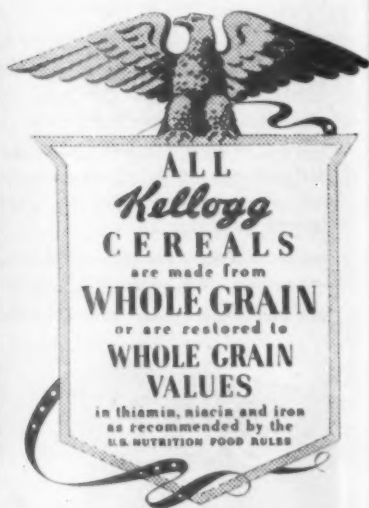
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ADMINISTRATOR: New York. Opening for nurse administrator in hospital of 100 beds. Graduate staff. Salary open. (Placement bureau charges \$2 registration fee.) Box MB12-1.

ADMINISTRATOR: South. Excellent opportunity for qualified nurse-executive to take charge of general hospital of 60 beds. Graduate staff. Salary, \$3,000. (Placement bureau charges \$2 registration fee.) Box MB12-2.

ANESTHETIST: California. Position open in 300-bed hospital; eight anesthetists on staff, on call one week out of four. Salary, \$190; laundry. (Placement bureau charges \$2 registration fee.) Box MB12-3.

ANESTHETIST: North. Opening in comparatively new 100-bed hospital, exceptionally well arranged, furnished, and equipped. All graduate staff; eight hour day, six day week. Salary, \$175; full maintenance including attractive quarters. (Placement bureau charges \$2 registration fee.) Box C103.

DIRECTOR OF NURSES: East. Appointment open in approved hospital of 220 beds; accredited school of nursing; enrollment of 50 students. Salary, \$175; maintenance. (Placement bureau charges \$2 registration fee.) Box MB12-4.

DIRECTOR OF NURSES: Michigan. Vacancy occurs in general 100-bed hospital; graduate staff. Attractive salary to qualified candidate. (Placement bureau charges \$2 registration fee.) Box MB12-5.

DIRECTOR OF NURSES: South. Vacancy in hospital affiliated with large university; desirable location. College degree required. Salary, \$150. (Placement bureau charges \$2 registration fee.) Box C110.

GENERAL DUTY NURSE: California. Tuberculosis sanatorium has opening for staff nurse. Hospital of 100 beds. Eight-hour shifts. Salary, \$105; maintenance. (Placement bureau charges \$2 registration fee.) Box MB12-6.

***GENERAL DUTY NURSES:** Maryland. Immediate opening for floor duty nurses. Eight hour

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GENERAL DUTY NURSE: New England. Staff nurse needed in large general hospital. Forty-eight hour week. Salary, \$125; one meal daily. (Placement bureau charges \$2 registration fee.) Box MB12-7.

***GENERAL DUTY NURSE:** New York City. Vacancy in small private hospital in midtown Manhattan for New York R.N. General floor duty (nights). Permanent position with opportunity for advancement as merited. Live in or out. Please reply with full details. Box IM12-1.

GENERAL DUTY NURSE: Washington State. Opening in pleasant, 65-bed hospital. Applicant must be willing to work in surgery when necessary. Salary, \$120; complete maintenance. (Placement bureau charges \$2 registration fee.) Box C111.

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INDUSTRIAL NURSE: Midwest. Opening in 20-bed hospital of large industrial plant for head nurse to take charge of nursing staff. First aid stations. Attractive salary dependent upon qualifications of appointee. (Placement bureau charges \$2 registration fee.) Box MB12-9.

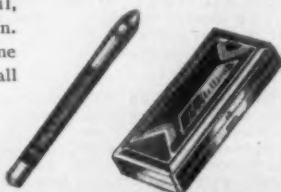
INDUSTRIAL NURSE: Southwest. Vacancy in new and modern ordnance plant located near large city. Forty-eight hour week. Salary, \$150; maintenance. (Placement bureau charges \$2 registration fee.) Box MB12-10.

INSTRUCTOR, ARTS AND SCIENCES: Illinois. Position available in 100-bed hospital with accredited training school. Experience accepted in lieu of degree. Salary, \$140; complete maintenance. (Placement bureau charges \$2 registration fee.) Box C112.

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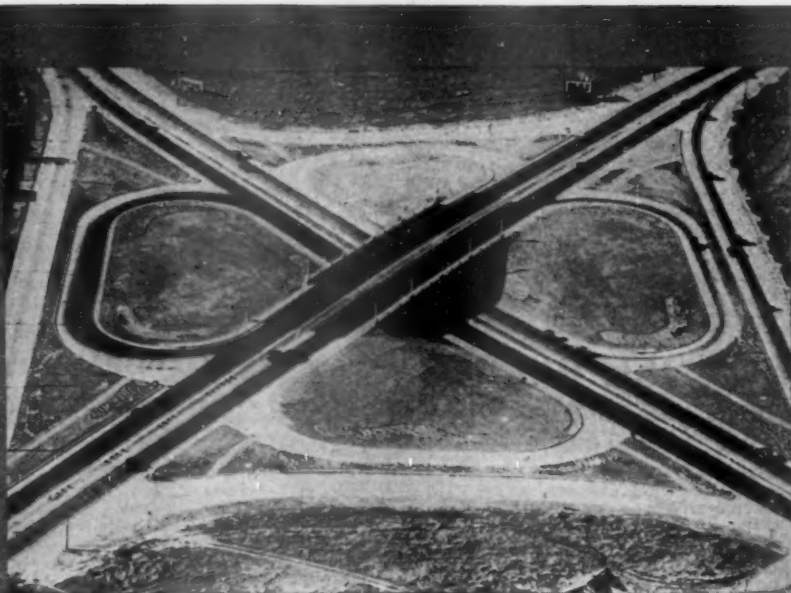
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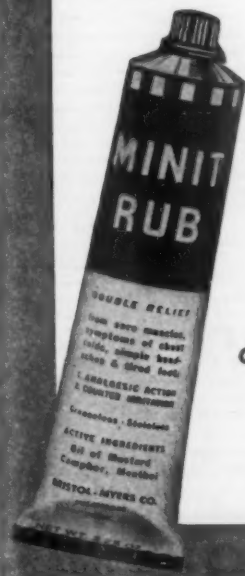


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cial training in pediatrics and good educational background. Salary open. (Placement bureau charges \$2 registration fee.) Box C122.

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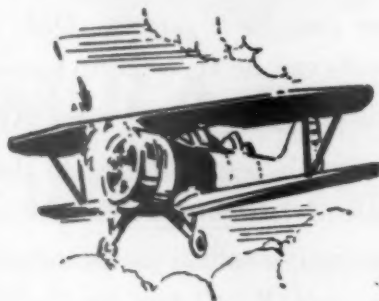
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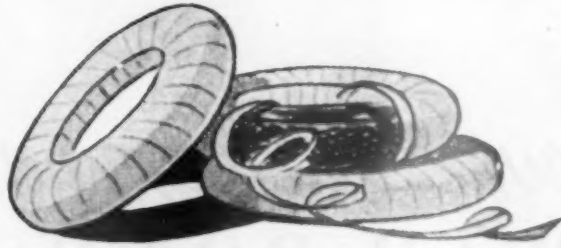
With air superiority essential to the United Nations, the United States Army is using thousands of primary trainer planes for instruction of her air pilots. These small planes cost about \$15,000.



These planes are simple in construction . . . are used to teach freshman pilots the essentials of flying and plane technique. Our factories are turning out thousands of these ships as our air force grows larger each month. Your purchase of War Bonds and Stamps will help pay for them. Invest *at least ten percent* of your income in War Bonds. Remember, you'll get \$4 at maturity for every \$3 you invest now.

U. S. Treasury Department





30,000 MILES EACH WOULDN'T YOU SAY?

Barring accidents, tires *made* alike will *act* alike. And the same goes for cigarettes. Only a cigarette made differently can be expected to have a different effect on the smoker.

PHILIP MORRIS is less irritating to the nose and throat* because of its distinctive method of manufacture. You can easily confirm that statement by making your own tests. Won't you try PHILIP MORRIS, and observe the results for yourself?

PHILIP MORRIS

PHILIP MORRIS & Co., LTD., INC.
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* *Laryngoscope*, Feb. 1935, Vol. XLV, No. 2, 149-154
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60

TO PHYSICIANS WHO SMOKE A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.



FORMULA for soothing an **"UPSET STOMACH"**

Here is a departure from the antacid pattern, for relief of common stomach distress.

Pepto-Bismol aids in a return to normal digestive conditions, by helping to soothe irritated mucosa of the stomach and intestines, and by inhibiting intestinal fermentation and retarding simple diarrhea.

It is a formula of reason, with a long history of useful service.

Pepto-Bismol

THE NORWICH PHARMACAL COMPANY

Norwich, New York

*Reg. U. S. Pat. Off.

**NOT an Antacid
NOT a Laxative**

PEPTO-BISMOL CONTAINS:
Bismuth Subsalicylate
Salol
Zinc Phenolsulphonate
Methyl Salicylate
Demulcent Base
(contains no sugar)



"FOO-EY on frills Nurse!"



That's what I say

... about any soap used on *my* skin! And—nearly as I can make our doctors feel exactly the same way! They must, on account recently every registered physician in America was sent a letter by a leading medical journal. They were asked what brand of soap they advise. And ... *more doctors said they advised Ivory for babies and adults than all other brands of soap together!*

It makes me laugh

... when I think how some folks still think castiles are so mild! Actually they just can't match Ivory's high standard of mildness at all! For instance—examinations of 44 imported castiles revealed that 42 showed definite traces of rancidity. And that can be a mighty irritating factor, Nurse.



I'm a one-soap man myself

... and this is IT! No dye, medication or strong perfume that might be irritating. And lookit those hundreds of skin patch tests they made! They were all conducted with a technique approved by leading dermatologists—and they *all* definitely proved Ivory's superior mildness—mildness superior to that of 10 leading toilet soaps!

Velvet-suds **IVORY** 99⁴⁴/₁₀₀ % PURE
IT FLOATS

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